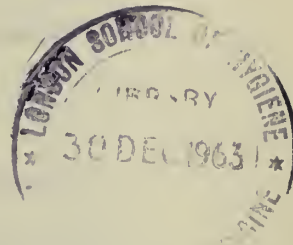


KENT COUNTY COUNCIL



Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1949

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County Medical Officer of Health

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HEALTH DEPARTMENT,
COUNTY HALL, MAIDSTONE
September, 1950.

To the Chairman and Members of the Kent County Council.

In presenting my Annual Report for the year 1949, which was the first full year of the National Health Service, I think it appropriate in this prefatory letter first to deal with the general health of the population, which, as shown in the vital statistics in the main body of the Report, in general is good, advances in the well-being of the community being still maintained. It is, however, in connection with one serious and killing disease—tuberculosis—that the position is unsatisfactory and calls for special comment. Whilst the cause of tuberculosis is known and whilst new and powerful therapeutic weapons have been developed over recent years with which to treat the disease, the basic fact remains that the present situation must be regarded as unsatisfactory and an important contributory factor is the shortage of beds for the institutional treatment of patients. Whilst the primary cause of the shortage of beds is the lack of nursing staff, a secondary factor is the economic difficulties of the times that prevent an extensive programme of alterations and rebuilding in respect of residential institutions. It would, however, be wrong to regard the solution to the problem of tuberculosis as purely one for the creation of an adequate diagnostic and curative scheme because there are many other social agencies that must play a part. The Council, in its capacity as a Local Health Authority, has important and far reaching duties in regard to care and after care of the disease, as well as in the provision of home nursing, and domestic help in households of those sufferers who are not receiving hospital treatment. District Councils, as Housing Authorities, also have powers that may be exercised to see that those afflicted with tuberculosis have accommodation which is suitable to their needs and which minimises the risk of infection to other members of the family. Above all, an essential part of comprehensive care is the maintenance of adequate economic conditions of a family where one or more wage earner suffers from tuberculosis.

Much has been said and written about the expectation that, with the transfer of responsibility for the bulk of diagnostic and curative services to other bodies, Local Health Authorities, such as the County Council, would be free to develop non-institutional services and pay greater regard to the study and pursuit of preventive medicine—a field in which a century of work by Local Authorities led to remarkable changes in the well-being of the nation. The changes brought about by the Act meant that for the first time many of the non-institutional personal health services for the one-and-a-half million people in the Administrative County could be organised as a whole. The first months after the 5th July, 1948, meant a great increase in matters of detailed administration arising from the legislation that became effective on that day. The energies of the staff were first directed to seeing that all the services for which the Council was now charged with responsibility and which were functioning before the Act came into force, were continuing to operate satisfactorily and with as little disturbance as possible from the standpoint of those who needed assistance. After the first few months, however, the new pattern of administration of the services became clear and during the year it has been possible to form certain conclusions on the new arrangements. It will be convenient to deal with the various aspects of the services, so far as they concern the Council, in the order in which they appear in the Act.

No health centres have yet been provided in Kent although preliminary sites have been selected in practically every part of the County and, in regard to the new L.C.C. housing estate at St. Paul's Cray, all necessary steps were taken during the year to provide a health centre to meet the needs of some 12,000 people. Plans of this health centre were agreed with the Ministry of Health and in November the County Council approved an expenditure of £95,000 for the building exclusive of equipment. So far as the Council was concerned, the provision of this centre was therefore entirely dependent upon the availability of building labour and material and it was with considerable disappointment that it was subsequently learned that the Ministry of Health found itself unable, in present economic circumstances, to agree that the project should go forward. Whilst, therefore, the County Council will proceed to provide clinic buildings for its own services on this estate, no facilities will be provided for general medical or dental services until the economic situation improves. I have estimated that some 180 health centres would, in accordance with the requirements of the Act, eventually be required in the County, but the unpalatable fact has to be faced that the realisation of such a programme at a possible capital cost of £18,000,000, lies so far in the future as to make no real contribution to the work of the Executive Council, which is responsible for providing general medical, dental and pharmaceutical services.

The system of ante-natal, post-natal, women's welfare and child welfare clinics has continued much in the same form as has been known for so many years. Whilst new arrangements are provided under the Act whereby expectant mothers can receive, free of direct charge, ante-natal care from their own doctors, satisfactory relations have, in general, been established with general medical practitioners and only two ante-natal clinics have so far been closed because of the drop in attendances. Arrangements are being worked out with representatives of the general medical practitioners for an effective liaison between the ante-natal services provided by the Council and those provided by doctors in private practice. The attendances at child welfare clinics have not been greatly affected by the Act, and these clinics continue in practically the same form as was envisaged by those who established the system many years ago.

Twenty-six day nurseries, with 1,321 places, were maintained during the year and an analysis at the end of the year showed that 49.4% children coming into the priority group were of mothers who, for one reason or another, were the sole wage earners in the family. The contribution made by day nurseries towards the recruitment of women into industry is relatively small and less than 24% of the mothers of children accommodated are so employed. Experience has shown that an increasing number of applicants desire their children to be accommodated in day nurseries because they find that the rents and other incidental expenses concerning new housing accommodation are too high to permit of what they regard as an adequate standard of living unless the father's earning capacity can be supplemented. It must, however, be borne in mind, that on an average, the cost of maintaining a child in a day nursery is approximately £2 10s. 0d. per week, and, by reason of the wording of the Act, only expenses in connection with the provision of food can be recovered. The effect of this is that the maximum sum which can be recovered in respect of any child is no more than 10s. 0d. a week so that every child who is accommodated in a day nursery necessarily involves the cost to public funds of at least £2 0s. 0d. a week. Kent is unusual in that the provision of day nurseries is almost entirely related to war-time conditions. The result of this is that in the eastern half of the County, where there was large scale war time evacuation in the coastal areas, with an approximate population of some 400,000, there is only one day nursery, in Ashford, and in the densely populated coastal towns no such provision exists. An exhaustive enquiry made by the Health Visitors in East Kent failed to show evidence that in any one area there were a sufficient number of mothers who, for one reason or another, were the sole wage earners in the family, to justify the setting up of a new day nursery.

Whilst the Act provided for special arrangements to be made by the Council to give dental care to expectant and nursing mothers and young children, it has only been possible to provide some part of such a service by drawing upon the field of dental officers available from the School Health Service, with a consequential amount of reduction in the amount of dental care to school children. The fact that this service cannot be provided is attributable to the failure to recruit sufficient dental officers in competition with the more attractive opportunities now offered in other branches of the National Health Service.

Reference is made in the body of the report to the work of the Home Nursing and Midwifery Services, which are administered as a whole. The Council now employs approximately 400 Nurses and Midwives and of this number only six are engaged solely in administrative duties. Before the appointed day, all Home Nurses or, as they were better known, District Nurses, were in the service of 148 District Nursing Associations, of which only three now survive. The assumption of direct responsibility by the Council for the engagement of this number of Nurses has permitted a better deployment of available resources, together with a reduction in the amount of administrative work previously undertaken. It is interesting to record that, in regard to Home Nursing, there has been no sharp increase in the demands made although shortly after the Act came into force the Health Committee decided that the services to be given by Nurses should be restricted to visitation on a daily basis and that continued nursing should not be provided. Only two requests have been received in eighteen months for nurses to be allocated whole-time to a particular patient and in each case the request came from relatives and not from the general practitioner. From experience in other services it is, however, highly probable that if continued nursing were made available, considerable use would soon be made of such a facility.

Experience has shown that with the shortage of beds for the chronic sick there are large numbers of old people who are ill but whose needs are not met by the provision of nursing care and domestic help. The needs of these elderly sick people, often living alone, call for the services of attendants, not necessarily resident, possessed of some knowledge of home care and nursing. It would seem that such a corps of attendants could only be provided under Section 28 of the Act. Nevertheless, as it seems most unlikely that there will ever be enough nurses and buildings to look after all the chronic sick, and because of the difficulties in providing enough accommodation under Part III of the National Assistance Act, the domiciliary care of those who are old and suffering from chronic illness or senility is a major and immediate problem.

In regard to the Midwifery Service, relations between the County Midwives and general practitioners have, as always, been good and on the whole the position seems to have been satisfactorily settled as to the respective spheres of both. It cannot, however, be said that there is, as yet, clear agreement over the whole of the County between Hospital Management Committees and the Council as to the arrangements that ought to be made for a proper division of responsibility in respect of institutional and domiciliary confinements. Nevertheless, by local arrangement there has been little difficulty in securing that, where maternity accommodation is limited, the Council has been respon-

sible for seeing what the home conditions are before admission to a maternity unit has been arranged. The only difficulty that has attended the recruitment of nurses and midwives to the Council's service has resulted from lack of housing.

The Council now employs, for duties under the Act as well as in connection with the School Health Service, some 245 Health Visitors, an establishment which is shortly to be increased. The work of these officers, covering advisory duties and home visitation of children, expectant and nursing mothers and patients suffering from tuberculosis, is, in the main, the same as before the Act came into force. A new responsibility has, however, been imposed by the Act of giving advice on measures necessary to prevent the spread of infection and also to persons suffering from illness. Relatively little use has so far been made on an organised basis of Health Visitors for this purpose although it is the case that they have, as always, done a great deal of social work that has a direct bearing on their new duties.

The abolition of the element of compulsion in vaccination first resulted in a fall in the number of infant vaccinations, but the proportion of vaccinations is now increasing. The facilities for immunisation against diphtheria are provided from clinics, schools and by general practitioners and the level of primary immunisation in infants is approximately 60% of this section of the community.

The calls made on the Ambulance Service continued to increase during the year. The main factors of this were due to an increase in hospital out-patient attendances and long journeys outside the County. At the beginning of the year, there was considerable public comment upon the use being made of the Hospital Car Service and, as a result of experience, it was clear that a number of people were being carried who could, without detriment to their health, have used public transport. The majority of patients who were carried by sitting case cars were carried by the Hospital Car Service and by the end of the September quarter 1949 this service alone was costing a sum of £45,000 a year. The Health Committee, after a full enquiry into the position, authorised the introduction of a new and tighter system of administration which has resulted in an appreciable saving in the use of sitting case cars. It is proper here to place on record a tribute to the work which has been done by the drivers in the Hospital Car Service. Without their assistance the County Ambulance Service could not have met its statutory obligations. Most harmonious relations have been maintained with the Organisers of the Hospital Car Service in the County and it has been a pleasure to have worked with them since the Act came into force.

Section 28 of the Act dealing with the prevention of illness and care and after care is one which has been much debated and discussed. It is true to say that, for various reasons, the emphasis in the National Health Service has come to rest upon the diagnostic and curative services, which are the main concerns of Executive Councils and Regional Hospital Boards. Insofar as general public interest is concerned the more effective the preventive measures of the Council, the less the publicity that is achieved. It is only with the breakdown of such measures, maybe leading to epidemics, that public attention is attracted. So far as the County is concerned, activities under Section 28 of the Act have been mainly applicable to the care and after care of patients suffering from tuberculosis much on the lines that obtained before the appointed day. It may aptly be said that care and after care in the sense usually understood appear too wide a description since medical care of those suffering from tuberculosis is the responsibility of the general practitioner, chest physician and the hospital authority and that the County Council's functions are mainly regarded by the general public as welfare services catering for the requirements of individuals as distinct from a general protection of the community the benefit of which cannot be pinpointed.

Much the same social and preventive services in connection with venereal diseases that existed before the Act came into force have been maintained by the Council. Through the aegis of voluntary bodies, financial support has been given in regard to the provision of nursing equipment and other apparatus suitable for the care of persons being nursed or cared for at home.

Whilst certain mental defectives living in the community have also been brought into the scheme provided under this Section of the Act, the facilities available to them had, in the majority of cases, already been provided by the Council under the Mental Deficiency Acts before the appointed day. Here again, whilst the powers conferred on the Council permit of the supply of beds, bedding and nursing requisites for mental defectives, such services are not truly preventive but are best described as welfare.

The Mental Deficiency Service, for which the Council is responsible, concerns the ascertainment, certification and care of defectives living in the community. The making of these services the responsibility of the Health Department has permitted a more efficient organisation being created by virtue of the closer association with the School Health Service and its facilities for dealing with educationally subnormal children. There are over 2,000 mental defectives in the County, of whom only about 250 are suitable for any form of occupational training. The needs of this minority of mental defectives in the community are met by the provision of occupation centres, of which there are now 7, and the appointment of home teachers. The waiting list of mental defectives who require admission to institutions numbers over 200 and the problems of nursing recruitment that confronted the Council when it was responsible for these establishments still appear to remain unsolved.

It is in respect of the Domestic Help Service, the welfare aspects of which are readily apparent, that the greatest expansion has been shown. Before the Act came into force it had long been the practice of Local Authorities maintaining Maternity and Child Welfare Centres to provide home helps

principally for the purpose of doing household work during confinements. By a Defence Regulation of 1944, Local Welfare Authorities were also given the power to provide domestic help in households where there was someone who was aged or sick. The National Health Service Act, therefore, only added two new groups to those who were eligible to receive domestic help and they cover households where there is a child between the ages of 5 and 15 or someone who is mentally defective. Before the appointed day there were 24 District Councils as well as the County Council providing home and domestic help and a survey carried out in the Autumn of 1947 showed that in the whole County the total expenditure was about £30,000 a year, representing the employment of the equivalent of 170 whole-time workers. It was then the case that the shortage of workers prevented an expansion of this service, but towards the end of 1947, the application of a nationally negotiated rate of 2s. 0d. an hour led to an improvement in recruitment. Experience since then has shown no serious difficulty in recruiting workers and the peak that this service reached was to deal with some 2,500 families a week needing nearly 1,600 workers, representing the equivalent of some 850 whole-time staff at a cost of nearly one-quarter of a million pounds a year. A striking feature revealed by this expansion was the continued increase in the proportion of aged people assisted. For purposes of definition, this group includes those who are over 65 and who are not sick and they represent approximately half of those who are given domestic help under the County Scheme. It is interesting to note that when, towards the end of the year, the estimates for 1950/51 were being prepared, the Ambulance and Domestic Help Services between them took up one-third of the Council's total expenditure on health services.

Whilst there can be no question that the National Health Service has brought immense benefit to the community, particularly to those who prior to its inception were not covered by any form of insurance and hence had sometimes to meet heavy expenditure in the case of illness, it is inevitable that such a measure could not be translated into practical effect without certain defects being revealed. Every administrator responsible for large scale health services must inevitably, on the basis of personal experience, form certain conclusions as to the working of the Act. My main impression is that certain factors have arisen which have so far led to a failure to promote a comprehensive National Health Service in the sense that was anticipated. By reason of more favourable salary and service conditions having been made with medical and dental practitioners working under Parts II and IV of the Act, the Local Health Authority services have been severely handicapped in the recruitment of practitioners whose interests must primarily lie in the preventive field. Kent has been fortunate in that its medical establishment has been maintained and, in general, recruits have come from other Authorities.

As regards dental staff, however, the position is serious since instead of 50 officers being available for all the duties imposed on the Council, the number has steadily declined since the Act came into force and only 29 are now available as compared with 41 in July, 1948. Whilst, no doubt, there are adequate reasons why salary and service conditions for the two senior groups of professional officers needed to be dealt with in three separate groups corresponding to the three main sections of the Act, it is unfortunate that as the whole of the Act came into force in 1948 and since it is intended to promote a comprehensive service, salary and staffing conditions for medical and dental staffs could not have been dealt with as a whole, as is the case with midwives and nurses.

In spite of the difficulties inherent in the operation of such an immense service and the fact that circumstances which may be unavoidable have resulted in the three main bodies who are charged with responsibilities under the three sections of the Act proceeding along channels of their own, relations between the Health Department on one hand and officers of the Regional Hospital Board and the Executive Council on the other are good. This fact reflects the general desire of all to provide the most effective public service possible within the limitations imposed by legislation and the financial and material resources available at the present time.

I should like to express my very sincere appreciation to the Members of the Council for the kindness and consideration shown to me and the officers of the Health Department and I would take this opportunity of placing on record a tribute to the efficiency and zealous way in which members of the staff have discharged their duties.

A. ELLIOTT.

ANNUAL REPORT

Vital Statistics

POPULATION.—The Registrar-General's estimates of the population of the Administrative County at the middle of 1949 were—Civil 1,488,880. Total 1,520,220. The *Civil* population is the basis of all the rates quoted in this Report, with the one exception of the population-densities shown in Table 1 at the end of the Report : these are calculated on the *Total* populations.

The Table shows that 1,205,772 persons were resident in the urban areas and 314,448 in the rural districts. The increase in the population of the county was 41,190.

The figures give densities of population of 1.57 per acre in the county as a whole, 6.32 per acre in the towns and 0.41 per acre in the rural districts. There is a wide range of densities. In the towns, the extremes were 32.3 in *Penge Urban* and 0.3 in *Lydd Borough*, and in the rural districts 1.06 in *Dartford Rural* and 0.14 in *Romney Marsh Rural*.

The total population figures for the past ten years are set out in the following tabulation, the figures being those of the Registrar-General's estimate in each year :—

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Urban Districts	1010540	882900	896600	897500	887460	953610	1091200	1136020	1171476	1205772
Rural Districts	310010	285500	274700	271900	266890	267800	288110	297190	307554	314448
County ...	1320550	1168400	1171300	1169400	1154350	1221410	1379310	1433210	1479030	1520220
Increase or decrease	—86050	—152150	+2900	— 1900	—15050	+67060	+157900	+ 53900	+45820	+41190

It is of interest to note the gradual change in allocation of the population as between urban and rural communities, and this is shown in the following tabulation, which gives the percentages of the population in each of the two groups, in three five-yearly periods :—

Year	Urban	Rural	Year	Urban	Rural	Year	Urban	Rural
1925	69.9	30.1	1935	78.9	21.1	1945	78.0	22.0
1926	70.5	29.5	1936	79.2	20.8	1946	79.1	20.9
1927	70.4	29.6	1937	79.5	20.5	1947	79.2	20.8
1928	70.2	29.8	1938	79.6	20.4	1948	79.3	20.7
1929	71.0	29.0	1939	79.8	20.2	1949	79.3	20.7
Five-year average	70.6	29.4	Five-year average	79.3	20.7	Five-year average	79.0	21.0

Table to show the 'natural' rate of increase or decrease (i.e. the excess, or otherwise, of births over deaths) in each of the County districts during 1949, expressed as a rate per thousand of the population in 1948.

Ashford U.	+	1.10	Sittingbourne and Milton U. ...	+	4.64
Beckenham B.	+	3.71	Southborough U.	—	0.47
Bexley B.	+	5.89	Swanscombe U.	+	8.97
Broadstairs and St. Peter's U.	—	1.13	Tenterden B.	+	4.48
Bromley B.	+	5.23	Tonbridge U.	+	3.04
Chatham B.	+	7.84	Tunbridge Wells B.	—	2.99
Chislehurst and Sidcup U. ...	+	7.95	Whitstable U.	—	4.30
Crayford U.	+	9.97	All Urban Districts ...		+ 4.76
Dartford B.	+	7.19			
Deal B.	+	4.08	Ashford, East	+	1.72
Dover B.	+	7.15	Ashford, West	+	7.95
Erith B.	+	7.14	Bridge-Blean	+	2.60
Faversham B.	+	2.80	Cranbrook	+	4.52
Folkestone B.	+	2.73	Dartford	+	6.64
Gillingham B.	+	5.12	Dover	+	9.12
Gravesend B.	+	6.88	Eastry	+	4.49
Herne Bay U.	—	5.04	Elham	+	0.46
Hythe B.	+	0.70	Hollingbourn	+	5.55
Lydd B.	+	10.27	Maidstone	+	5.62
Maidstone B.	+	4.17	Malling	+	6.23
Margate B.	+	0.98	Romney Marsh	+	10.61
New Romney B.	+	0.91	Sevenoaks	+	4.03
Northfleet U.	+	7.29	Sheppey	+	7.43
Orpington U.	+	5.82	Strood	+	8.49
Penge U.	+	9.68	Swale	+	7.29
Queenborough B.	+	10.94	Tenterden	+	6.31
Ramsgate B.	+	4.03	Tonbridge	+	4.97
Rochester C.	+	7.12	All Rural Districts ...		+ 5.61
Sandwich B.	+	3.23			
Sevenoaks U.	+	0.74	Whole County ...		+ 4.94
Sheerness U.	+	5.39			

BIRTHS.—The births of living children, registered during 1949, totalled 24,546—a decrease of 1,712 on the total for the previous year. Male births numbered 12,584, female births 11,962.

The birth-rates for the year were 16.3 in the urban districts, 17.4 in the rural districts and 16.5 in the county as a whole. In each case there is a decrease in the rate as compared with the figure for the previous year.

The following figures are quoted for comparative purposes:—England and Wales, 16.7 : 126 great towns, 18.7 : 148 smaller towns, 18.0 : London, 18.5. These figures also show a decrease in each case.

The figures for Kent for the past ten years are as follows :—

Year.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
Urban Districts ...	15.4	15.3	17.9	18.6	20.3	18.5	21.4	21.7	17.6	16.3
Rural Districts ...	13.7	14.6	17.0	17.4	19.2	17.1	20.6	21.5	18.6	17.4
Whole County ...	15.0	15.1	17.7	18.3	20.1	18.2	21.2	21.6	17.8	16.5
Percentage Illegitimate	3.90	5.41	5.50	6.06	6.88	8.28	6.20	5.03	5.27	4.79
England and Wales ...	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7

The numbers of births, and the birth-rates, in each sanitary district of the county, are set out in Tables 2 and 3 at the end of this report.

The excess of births over deaths was 7,298—3,956 males and 3,342 females : and the varying margin of this excess of births over deaths during the ten years 1940-1949 is shown below :—

1940	1,987	1945	7,123
1941	1,848	1946	12,999
1942	5,905	1947	13,691
1943	6,288	1948	10,439
1944	7,663	1949	7,297

The marked upward swing of the birth-rates in the post-war years, compared with the comparatively stationary death-rates, is clearly reflected in these figures.

The percentage of illegitimacy showed a further fall.

STILL-BIRTHS.—The number of still-births recorded during the year was 522—26 less than in the previous year and 84 less than the average of the previous ten years. This represents a proportion of 20·9 per thousand of all births in the county.

The rate of still-births (per thousand of the population) was 0·35 in the combined urban areas, 0·36 in the combined rural districts and 0·36 for the whole county. The county figure may be compared with the rates for England and Wales (0·39), the 126 great towns (0·47), the 148 smaller towns (0·40) and London (0·37).

The number of still-births in each sanitary district of the county is shown in Tables 2 and 3 at the end of this report.

Of the still-births 3·7% were illegitimates. This is an interesting figure, since it is *lower* than the illegitimate percentage among the live births (4·8).

INFANTILE MORTALITY.—(Rate of deaths among children under twelve months of age, per thousand live births).

The following figures show the records for the administrative county, and for England and Wales, during the past ten years, and show also the comparison of the rates among legitimate and illegitimate infants :—

Year.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
Urban Districts ...	43	43	42	41	47	38	34	34	26	26
Rural Districts ...	47	42	43	37	42	30	32	38	26	30
Whole County ...	44	43	42	40	46	37	33	35	26	27
England and Wales ...	55	59	49	49	46	46	43	41	34	32
Legitimate (Kent) ...	43	43	41	39	44	35	33	35	26	27
Illegitimate (Kent) ...	61	51	71	60	74	58	38	48	32	30

The rates in the different sanitary districts will be found in Tables 2 and 3 at the end of this report : and Table 8 shows the causes of death in children under one year of age. From the latter table it will be seen that chief among such causes were congenital malformations, birth injury and infantile diseases (255 deaths), prematurity (158), pneumonia (96) and diarrhoea (48).

In the urban districts the rates ranged between *nil* in *New Romney Borough*, *Sandwich Borough*, and *Tenterden Borough*, and 43 in *Ashford Urban* : and in the rural districts between *nil* in *Elham Rural* and 52 in *Dover Rural*.

The county rate, though showing a slight increase on the record low rate in the previous year, is nevertheless a very satisfactory figure : and certain other illustrations of progress in this matter may be found of interest. Thus, the following tabulation shows the reduction (by ten-year periods) since the inauguration of the County Health Department in 1908 :—

Ten-year period	Average number of live births per year	Average number of infant deaths per year	Average rate of infant mortality per year
1908—17	21,187	1,756	82·9
1918—27	19,530	1,142	58·5
1928—37	18,325	884	48·3
1938—47	22,573	883	39·2
1948	26,258	674	25·7
1949	24,546	645	26·3

The following further analysis shows comparative figures of infant mortality, by cause, in certain five-year periods from 1908 :—

	Whooping Cough	Tuberculosis, Respiratory	Tuberculosis, Other	Influenza	Measles	Bronchitis	Pneumonia	Diarrhoea etc.	Premature Birth, Congenital malformations, etc.	All other causes	All causes combined
1908-1912	3·65	—	2·63	—	1·13	6·80	6·03	13·17	21·01	31·58	86
1913-1917	2·94	0·12	2·10	0·10	1·23	6·13	7·75	9·16	25·45	24·54	80
1928-1932	1·61	0·13	0·84	0·51	0·55	2·12	6·61	4·06	24·78	8·47	50
1933-1937	1·16	0·06	0·52	0·54	0·18	1·28	6·52	4·00	26·47	6·20	47
1938-1942	0·81	0·08	0·47	0·25	0·10	1·34	5·91	3·20	24·38	4·65	42
1943-1947	0·48	0·05	0·30	0·18	0·15	0·84	5·31	4·49	21·65	3·86	38
1948	0·58	0·04	0·31	0·12	—	0·42	3·20	1·53	16·34	3·17	26
1949	0·29	0·05	0·09	0·21	0·09	0·17	3·92	1·96	6·44	13·08	27

DEATHS.—The net number of deaths registered in the county during 1949 was 17,249—an increase of 1,430 on the total for the previous year. Male deaths totalled 8,628, female deaths 8,621.

Crude death-rates were 11·6 for the urban areas, 11·8 for the rural districts and 11·6 for the whole county. In each case, the figures show an increase on those recorded in the previous year.

The following tabulation shows the rates recorded in Kent over a period of ten years, and the rates for England and Wales are added for comparative purposes :—

Year.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
Urban Districts ...	13·8	13·8	12·7	13·0	13·5	12·5	11·7	12·0	10·7	11·6
Rural Districts...	12·3	12·8	12·5	12·6	13·2	12·1	12·1	12·4	10·8	11·8
Whole County ...	13·5	13·6	12·7	12·9	13·4	12·4	11·8	12·1	10·7	11·6
England and Wales ...	14·3	12·9	11·6	12·1	11·6	11·4	11·5	12·0	10·8	11·7

The number of deaths in each sanitary district, and the deaths in age-groups, and by cause, are shown in the tables at the end of this report.

For some years prior to the war a 'comparable death-rate' was calculated in respect of each district, by applying to the crude death-rate a factor which enabled a truer comparison to be made with other areas, by allowing for variations in the age and sex constitution of the population. The variety and magnitude of local population movements from the commencement of the war, and the uneven incidence of civilian war-deaths, combined to prevent such comparability, and the calculation of the factors was suspended after 1940. Their preparation has been resumed for the year under review, and the resulting 'comparable death-rates' are shown in Tables 2 and 3 at the end of this report.

The causes of death, in order of importance, show little variation from year to year, and the following table shows the order of the principal causes in 1949, the number of deaths under each heading, the death-rate, and the percentage of each group to the total number of deaths from all causes :—

Cause of death	Number of deaths	Death rate	Percentage to the total number of deaths from all causes
Heart Disease	5,529	3.72	32.1
Cancer (all sites)	2,830	1.91	16.5
Intercranial vascular lesions	2,091	1.41	12.2
Bronchitis	821	0.56	4.8
Diseases of circulatory system (other than Heart disease)	768	0.52	4.5
Pneumonia	663	0.45	3.9
Tuberculosis (all forms)	657	0.45	3.9
Violence (all forms)	460	0.31	2.7
Nephritis	380	0.26	2.3
Congenital malformations, birth injury, infant diseases	315	0.22	1.9
Total	14,514	9.75	84.2

In the following summary the deaths in age-groups during the past ten years are expressed as percentages of the total deaths :—

Year	AGE-GROUP					
	Under 1 year	1-5 years	5-15 years	15-45 years	45-65 years	65 years and over
1940 ...	4.7	1.4	1.6	12.2	24.5	55.6
1941 ...	4.6	1.7	1.5	11.8	23.5	56.9
1942 ...	5.8	1.3	1.2	9.9	23.2	58.6
1943 ...	5.6	1.3	1.2	9.3	23.1	59.5
1944 ...	6.7	1.4	1.7	10.0	22.9	57.3
1945 ...	5.4	1.1	1.3	8.2	21.9	62.1
1946 ...	6.0	0.9	0.8	7.7	21.9	62.7
1947 ...	6.2	0.9	0.9	7.6	21.2	63.2
1948 ...	4.2	1.0	0.8	7.4	22.2	64.4
1949 ...	3.8	0.8	0.8	6.8	20.9	66.9

The matters of particular interest in this table are the general reduction in the younger groups, and the steady rise in the proportion of those of 65 years or over.

ROAD-TRAFFIC DEATHS.—Deaths from road-traffic accidents have been recorded, as a separate heading, since 1940 : and the Tables at the end of this report show that there were 153 such deaths during 1949—a figure higher than the average of the years since 1940.

The following tabulation of these deaths during the past ten years is designed to show the high proportion of male deaths, and particularly the male deaths in the age-group 15-45 years :—

Year	Total number of deaths from road-traffic accidents	Number of males in the total number of road-traffic deaths	Percentage of males in the total number of road-traffic deaths	No. of deaths of males in the age-group 15-45	Percentage of this group to the total male deaths from road-traffic accidents
1940 ...	179	143	79.9	50	35.0
1941 ...	179	148	82.7	57	38.6
1942 ...	134	102	76.2	26	25.5
1943 ...	84	55	65.5	15	27.3
1944 ...	123	102	83.0	31	30.4
1945 ...	117	80	68.4	31	38.8
1946 ...	139	113	81.3	36	31.9
1947 ...	141	104	73.8	45	43.3
1948 ...	124	89	71.8	41	46.1
1949 ...	153	112	73.2	46	41.1
<i>Average</i>	137	105	76.4	38	36.1

ZYMOTIC MORTALITY.—The following tabulation shows the prevalence of, and the mortality from, the seven chief zymotic diseases, in Kent during 1949. For purposes of comparison, the mortality recorded in the whole of England and Wales during the year, is added to the table :—

DISEASE.	Number of Cases.	Number of Deaths.	Rates of Deaths.		Death-rate in England and Wales in 1949 per 1,000 persons living.
			Per 100 persons attacked.	Per 1,000 persons living	
Small-pox	None	None	—	—	0·00
Scarlet Fever	2,091	None	—	—	—
Diphtheria	29	1	3·449	0·001	0·00
Typhoid and Paratyphoid Fevers	38	1	2·632	0·001	0·00
Measles	14,736	6	0·041	0·005	—
Whooping-cough	4,310	11	0·256	0·008	0·01
Diarrhoea, including Enteritis (under 2 yrs.)	<i>Not notifiable</i>	51	?	2·078	3·0*
Totals	—	70	—	0·048	—

*The figures relating to diarrhoea have reference to children dying under two years of age, per thousand *births*.

In my last Report attention was directed to the then record low zymotic mortality rate. It is gratifying to report that for 1949 this record was again broken. The excellent figure of 0·048 per thousand persons living is well below the previous year's level and gives the rate (in round figures) of only one death in every 21,000 of the population. In only one case did the mortality show a very slight increase—the fifty-one deaths (in young children) from diarrhoea and enteritis being five more than in the previous year.

The following extended tabulation of the commoner zymotic diseases is designed to show the improvement in the mortality-rates recorded in the past thirteen years, as compared with those referring to a similar period of years immediately preceding the formation of the County Health Department—that is to say, with the figures of fifty years ago. The older figures (taken from papers in the Department's files) are not an exact record, inasmuch as they refer to the *registration* county, which then differed slightly in area from the *administrative* county: but the differences would be so small that the comparison is admissible.

Comparative figures of average mortality from the principal Zymotic Diseases, in two periods :—

SCARLET FEVER													
1895—1907 ...	0·055	0·072	0·072	0·045	0·076	0·035	0·047	0·050	0·020	0·035	0·065	0·062	0·082
1937—1949 ...	0·020	0·008	0·005	0·003	0·001	0·003	0·003	0·001	0·003	0·002	0·002	<i>nil</i>	<i>nil</i>
DIPHTHERIA													
1895—1907 ...	0·306	0·536	0·405	0·451	0·406	0·287	0·234	0·277	0·142	0·123	0·119	0·139	0·113
1937—1949 ...	0·030	0·042	0·017	0·026	0·023	0·019	0·023	0·021	0·018	0·008	0·008	0·001	0·001
ENTERIC FEVER													
1895—1907 ...	0·082	0·101	0·281	0·158	0·156	0·193	0·161	0·145	0·124	0·093	0·090	0·103	0·090
1937—1949 ...	0·004	0·003	0·003	0·004	0·002	0·003	0·003	0·003	0·003	0·001	<i>nil</i>	0·002	0·001
MEASLES													
1895—1907 ...	0·241	0·599	0·066	0·301	0·168	0·214	0·168	0·201	0·154	0·140	0·113	0·093	0·290
1937—1949 ...	0·002	0·032	0·001	0·003	0·019	0·003	0·016	0·007	0·010	0·004	0·012	0·005	0·005
WHOOPIING COUGH													
1895—1907 ...	0·252	0·174	0·312	0·257	0·294	0·145	0·229	0·269	0·286	0·219	0·194	0·154	0·306
1937—1949 ...	0·033	0·008	0·026	0·007	0·054	0·025	0·019	0·020	0·014	0·011	0·019	0·015	0·008

NOTIFIABLE INFECTIOUS DISEASES

The number of notifications of infectious diseases in each of the sanitary districts in Kent is shown in Tables 4 and 5 at the end of this report.

The following is a summary of the notifications, incidence-rates, deaths and death-rates of the principal infectious diseases in the county during the past ten years :—

Year	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	
										Kent	England and Wales
SMALL POX											
No. of cases notified	0	0	0	0	0	0	1	0	0	0	
Incidence rate	—	—	—	—	—	—	0.001	—	—	—	0.00
No. of deaths ...	—	—	—	—	—	—	—	—	—	—	
Death-rate ...	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	0.00
SCARLET FEVER											
No. of cases notified	1,293	1,214	2,431	4,151	2,367	1,793	1,452	1,564	1,659	2,091	
Incidence rate	0.98	1.04	2.08	3.56	2.06	1.47	1.06	1.10	1.13	1.41	1.63
No. of deaths...	3	1	3	3	1	3	2	2	0	0	
Death rate ...	0.003	0.001	0.003	0.003	0.001	0.003	0.002	0.002	<i>nil</i>	<i>nil</i>	—
DIPHTHERIA											
No. of cases notified	527	517	444	379	297	265	180	117	52	29	
Incidence rate	0.40	0.45	0.38	0.33	0.26	0.22	0.14	0.082	0.036	0.020	0.04
No. of deaths ...	34	26	22	26	24	21	10	11	1	1	
Death-rate ...	0.026	0.023	0.019	0.023	0.021	0.018	0.008	0.008	0.001	0.001	0.00
ENTERIC FEVER											
No. of cases notified	48	107	18	38	17	30	18	12	13	38	
Incidence rate	0.037	0.092	0.016	0.033	0.015	0.025	0.014	0.009	0.009	0.026	0.02
No. of deaths ...	4	2	3	3	3	3	1	—	2	1	
Death-rate ...	0.004	0.002	0.003	0.003	0.003	0.003	0.001	<i>nil</i>	0.002	0.001	0.00
MEASLES											
No. of cases notified	2,972	17,094	9,354	11,675	6,307	13,023	7,843	10,738	12,909	14,736	
Incidence rate	2.26	14.64	7.99	9.99	5.47	10.67	5.69	7.50	8.73	9.90	8.95
No. of deaths ...	3	22	3	18	8	12	5	17	7	6	
Death-rate ...	0.003	0.019	0.003	0.016	0.007	0.010	0.004	0.012	0.005	0.005	—
WHOOPING-COUGH											
No. of cases notified	380	5,148	2,917	1,801	3,223	1,978	2,066	3,909	5,761	4,310	
Incidence rate	0.29	4.41	2.50	1.55	2.80	1.62	1.50	2.73	3.90	2.90	2.39
No. of deaths ...	8	62	29	22	22	17	15	26	22	11	
Death-rate ...	0.007	0.054	0.025	0.019	0.020	0.014	0.011	0.019	0.015	0.008	0.01

SMALL-POX.—No case was notified during the year, and only five cases have occurred during the past sixteen years.

The county has been fortunate in relation to this disease. In the forty-two years of the Health Department's records, there have been 319 cases, and nearly one-half of this total was recorded in the last outbreak of any importance, that of the years 1929-30, when 146 cases occurred during the two years. In twenty of the years covered, not a single case was notified.

It is of interest to see the figures arranged in ten-yearly periods, thus :—

1908—17	...	52	1938—47	...	5
1918—27	...	56	1948	...	0
1928—37	...	206	1949	...	0

In the same period of forty-two years, small-pox has caused only 26 deaths—an average proportion of a little over 8% of the cases notified.

SCARLET FEVER.—For the third year in succession the number of notifications showed an increase, and the incidence-rate rose from 1·13 to 1·41. There were no deaths. "Return" cases numbered 26. Several of the district reports refer to the mild type of the disease.

DIPHTHERIA.—In previous Annual Reports attention has been directed to the gratifying fall in the incidence and mortality from this disease. In 1949 this fall continued, the notifications falling from 52 to 29, and the incidence-rate from 0·036 to 0·020. Thus the occurrence of the disease may be reckoned as the equivalent of less than one case in every 50,000 of the population. For the second year in succession there was only one death from the disease.

These figures are so striking that they merit particular attention: and to show the remarkable success that has been achieved in the campaign against diphtheria, the following tabulation has been constructed. The figures offer their own evidence, and comment upon them is unnecessary: but there is little doubt that the extraordinary decline which is apparent during the past ten years or so, can be attributed to the progress of immunisation schemes.

TABLE to show the reduction in diphtheria incidence and mortality during the past forty-two years.

Year	Cases	Incidence	Deaths	Death-rate	Year	Cases	Incidence	Deaths	Death-rate	Year	Cases	Incidence	Deaths	Death-rate
1908	1212	1·17	116	0·12	1922	1622	1·52	148	0·14	1936	768	0·58	39	0·030
1909	1225	1·17	139	0·14	1923	823	0·77	46	0·05	1937	1109	0·82	40	0·030
1910	928	0·88	68	0·07	1924	767	0·71	60	0·06	1938	1361	0·99	58	0·042
1911	1392	1·37	110	0·11	1925	1100	1·01	82	0·08	1939	951	0·68	23	0·017
1912	2008	1·96	155	0·16	1926	1462	1·34	88	0·09	1940	527	0·40	34	0·026
1913	1738	1·67	103	0·10	1927	1779	1·61	101	0·10	1941	517	0·45	26	0·023
1914	2631	2·49	179	0·17	1928	2486	2·21	166	0·15	1942	444	0·38	22	0·019
1915	2136	2·17	153	0·16	1929	1941	1·70	148	0·130	1943	379	0·33	26	0·023
1916	1581	1·64	134	0·14	1930	1823	1·58	73	0·064	1944	297	0·26	24	0·021
1917	1477	1·60	111	0·13	1931	1056	0·91	51	0·044	1945	265	0·22	21	0·018
1918	1552	1·71	159	0·18	1932	607	0·50	25	0·021	1946	180	0·14	10	0·008
1919	1589	1·62	152	0·16	1933	980	0·79	44	0·036	1947	117	0·082	11	0·008
1920	2391	2·35	159	0·16	1934	1521	1·20	70	0·055	1948	52	0·036	1	0·001
1921	2659	2·51	186	0·18	1935	1248	0·96	55	0·043	1949	29	0·020	1	0·001

A further point of interest is to indicate the marked downward trend of diphtheria mortality by arranging the figures to show the average *annual* number of deaths during the quinquennia, as follows:—

1908—12	...	...	...	118	1933—37	...	...	...	50
1913—17	...	...	...	136	1938—42	...	...	...	33
1918—22	...	...	...	161	1943—47	...	...	...	18
1923—27	...	...	...	75	1948	...	...	...	1
1928—32	...	...	...	93	1949	...	...	...	1

ENTERIC FEVER.—There was a sharp rise in the number of cases, and the incidence was increased from 0·009 to 0·026. There was one death. The cases were widely distributed, and the six notifications in *Sevenoaks Urban* formed the highest number recorded in any district.

MEASLES.—The notifications reached the second highest total since the disease became notifiable in 1940, and there were six deaths. The increase was mainly general throughout the county. Several of the district reports refer to outbreaks (generally of mild type) in the first and second quarters of the year.

WHOOPIING-COUGH.—The notifications declined from 5,761 to 4,310, the incidence-rate from 3·90 to 2·90, the deaths from 22 to 11, and the death-rate from 0·015 to 0·008. A few references were made in the district reports to the occurrence of the majority of the cases during the first half of the year.

Some further reference to this disease may be appropriate. Whooping-cough became notifiable from the end of 1939, but the figure of 380 notifications in 1940 was not reliable, and probably represents only a small proportion of the actual cases occurring—many parents not realising that the disease (only too often regarded as of little importance) had been made notifiable. From then on, however, the figures are reasonably dependable, and the tabulation on page 14 shows the notifications, incidence, deaths and death-rates.

The greater interest and significance, however, lies in the figures of deaths and death-rates, since in this direction we have the figures of more than forty years as comparatives. These are set out as follows :—

Year	Number of deaths	Death-rate	Year	Number of deaths	Death-rate	Year	Number of deaths	Death-rate
1904	?	0.20	1920	97	0.10	1936	50	0.038
1905	?	0.20	1921	73	0.07	1937	45	0.033
1906	?	0.15	1922	157	0.15	1938	10	0.008
1907	?	0.30	1923	52	0.05	1939	36	0.026
1908	138	0.14	1924	46	0.05	1940	8	0.007
1909	80	0.08	1925	147	0.14	1941	62	0.054
1910	236	0.23	1926	58	0.06	1942	29	0.025
1911	120	0.12	1927	94	0.09	1943	22	0.019
1912	194	0.19	1928	33	0.03	1944	22	0.020
1913	97	0.10	1929	147	0.13	1945	17	0.014
1914	114	0.11	1930	28	0.03	1946	15	0.011
1915	172	0.18	1931	28	0.03	1947	26	0.019
1916	150	0.16	1932	63	0.06	1948	22	0.015
1917	100	0.11	1933	57	0.046	1949	11	0.008
1918	135	0.15	1934	45	0.035			
1919	60	0.07	1935	18	0.014			

These figures show the marked fall in the yearly average of deaths, and the death-rates : but despite this, it must be pointed out that in the past twenty years, whooping cough has shown the highest death-rate of all the zymotic diseases on nine occasions, the second highest rate on seven occasions, and the third highest rate in the remaining four years.

DYSENTERY.—The notifications, and the incidence, of this disease since 1921 present some features of interest. Erratic movements of the notifications were evident up to and including 1936, but from then on there was a marked increase, reaching two prominent “ peaks ” in 1943 and 1945.

The figures are as follows :—

Year	No. of notifications	Incidence	Year	No. of notifications	Incidence	Year	No. of notifications	Incidence	Year	No. of notifications	Incidence
1921	70	0.066	1929	12	0.011	1937	110	0.081	1945	438	0.359
1922	14	0.014	1930	4	0.004	1938	84	0.061	1946	251	0.182
1923	3	0.003	1931	—	—	1939	27	0.020	1947	138	0.097
1924	1	0.001	1932	2	0.002	1940	50	0.038	1948	66	0.045
1925	5	0.005	1933	29	0.024	1941	179	0.154	1949	24	0.017
1926	—	—	1934	6	0.005	1942	145	0.124			
1927	—	—	1935	2	0.002	1943	346	0.296			
1928	—	—	1936	21	0.016	1944	193	0.168			

As will be seen, there was a considerable reduction of incidence in 1948, and this extended into 1949 when the total notifications fell to the lowest figure for thirteen years. Despite this fact, the statistics are of interest in that they show clearly the sharp variations which have been recorded in the county.

The increasing incidence of this disease in recent years has been the subject of comment in reports from several counties of England. In Kent, the incidence has shown the same marked variations from district to district, as those from year to year. For example, high proportions of the cases occurred in Dartford Borough in 1921, 1923, 1938 and 1947 : in Dartford Rural in 1941, 1946 and 1948 : in Maidstone Borough in 1922, 1929, 1936, 1945, 1946 and 1947 : and in Ramsgate Borough in 1933. In 1937-38-39 and in 1949 the majority of the cases were distributed along the London fringe of the county : but in the three following years 1940-41-42 the chief incidence of the disease was seen in the south-western quarter of the county, with lesser waves in 1944 and 1948. In 1943, more than half of the notifications came from the two towns of Gravesend and Rochester.

In general it can be said that though the figures given are of considerable interest, they appear to be too unequal in movement to give any clear picture. It is possible, also, that, unless there is bacteriological investigation, cases of dysentery may be regarded as food-poisoning : and therefore some of the figures quoted may be incomplete.

An important point in connection with the disease is the possibility of its producing human 'carriers.' The Chief Medical Officer of the Ministry of Health has drawn attention to this by reporting that three months after one serious outbreak at the end of 1947, more than ten per cent. of the cases were still excreting the organism which caused that outbreak.

POLIOMYELITIS AND POLIOENCEPHALITIS

During the past few years, and particularly during 1947 and 1948, there has been a greatly increased interest in these two diseases, which for the purposes of the following notes are combined, since they are, more correctly, differing manifestations of the one disease. Such interest rises from the gradual realisation, on the part of the general population, that the diseases constitute a good proportion of all the infectious diseases in any given year: that the case-mortality is high: that there is high proportion of cases showing the distressing after-effects which are a characteristic feature of the infection: and that during the past three years the incidence has been so markedly above the average. In these circumstances it will be of interest if some notes are made here on the disease and its prevalence, particularly in this county.

Poliomyelitis (better known to many as 'infantile paralysis') is a virus disease which makes a special attack on the nervous system, with inflammation of the grey matter of the spinal cord, and in some cases an added affection of the brain. The fatality-rates show wide variations: at one time it was estimated that 10% or more of the cases were fatal, though this was a guarded estimate, since such a proportion was based on the *recognised* cases—and many mild cases, or cases which later became known as 'abortive,' were not recognised.

The disease has been known to medical science for many years—it is now over a hundred years ago that the first clinical and pathological description was published by the German physician Heine. It is also more than a century ago that the first definite outbreak occurred in England: and it is of added interest to note that the first *epidemic* of the disease was reported and described in the southern United States in 1841. From then on recognition, and descriptions, of outbreaks in various parts of the world became more and more frequent, until by 1907 records were available of no less than thirty-five epidemic outbreaks, the most severe of which were in Norway and Sweden in 1905 and 1906. In 1909, Lovett in America had collected reports from the world's medical literature of over 8,000 cases in seventy outbreaks. In England, there were important outbreaks in the south-west of the country (Somerset, Devon, Cornwall) in 1909 and 1911: and it was this increase which led to the introduction of notification in 1912.

The record of the disease in Kent, from that year onward, is as follows:—

Year	Notified cases	Incidence per 1,000 population	Number of deaths	Death-rate per 1,000 population	Case-mortality per cent.	Year	Notified cases	Incidence per 1,000 population	Number of deaths	Death-rate per 1,000 population	Case-mortality per cent.	Year	Notified cases	Incidence per 1,000 population	Number of deaths	Death-rate per 1,000 population	Case-mortality per cent.
1912	19	0·019	—	—	—	1925	8	0·008	1	0·001	13	1938	36	0·026	5	0·004	14
1913	24	0·023	8	0·008	34	1926	88	0·081	16	0·015	19	1939	91	0·065	8	0·006	9
1914	9	0·009	1	0·001	12	1927	19	0·018	8	0·008	42	1940	9	0·007	3	0·003	34
1915	17	0·018	3	0·004	18	1928	10	0·009	2	0·002	20	1941	25	0·022	7	0·006	28
1916	14	0·015	8	0·009	58	1929	17	0·015	7	0·007	41	1942	31	0·027	4	0·004	13
1917	4	0·005	3	0·004	75	1930	19	0·017	3	0·003	16	1943	16	0·014	—	—	—
1918	8	0·009	8	0·009	100	1931	11	0·010	2	0·002	18	1944	12	0·011	2	0·002	17
1919	9	0·010	1	0·002	12	1932	24	0·020	5	0·005	21	1945	20	0·017	1	0·001	5
1920	4	0·004	3	0·003	75	1933	27	0·022	3	0·003	12	1946	21	0·016	—	—	—
1921	5	0·005	1	0·001	20	1934	31	0·025	2	0·002	7	1947	306	0·214	40	0·028	13
1922	3	0·003	2	0·002	67	1935	17	0·014	3	0·003	18	1948	90	0·061	11	0·008	12
1923	23	0·022	3	0·003	13	1936	7	0·006	2	0·002	29	1949	305	0·205	28	0·019	10
1924	25	0·024	5	0·005	20	1937	56	0·041	3	0·003	6						

It will be seen that after a minor wave in the period 1913-1916, there was a marked rise that commenced in 1923 and culminated in the high figure of 1926: another period of increase in 1932-34: three years of high incidence in 1937-1939: a lesser wave in 1941-42: and (after a shallow recession) the highest yet recorded, the 306 cases in 1947, followed by 90 cases in 1948 and 305 cases in 1949. The incidence-rate of the 1947 outbreak was roughly three times that of the 1926 and 1939 figures.

The death-rates follow much the same course—that of 1947 being almost double that of the previous highest figure, in 1926.

The figures of case-mortality exhibit some features of interest : but it may be pointed out that the really high ratios (e.g. 1917-1918-1920-1922) are largely discounted by the small figures involved. Broadly speaking, there is evidence of a gradual decline, and the average level of the past ten years is lower than that of any comparable period. It may be mentioned, also, that the movements of the Kent figures sometimes show some correspondence with those of England and Wales as a whole—notably in the 1917-1918 outbreak and, to a lesser extent, in 1920 and 1922. A further point of importance in considering case-mortality has been pointed out by the Chief Medical Officer of the Ministry of Health, viz. that the high figure of 1918 (common to the whole country) may be the outcome of special difficulty—that being the peak year of the great influenza epidemic : and it is possible that some of the deaths were due to influenza and some to encephalitis lethargica, which was then becoming prevalent and which was in fact made notifiable from the commencement of the following year.

In an analysis of distribution, it is not possible to select any information of particular interest. In almost every year the scattered nature of the cases is noteworthy : for instance, the nineteen cases of 1912 occurred in fourteen separate areas : the nine cases of 1914 in nine areas : the nine cases of 1919 in seven areas : the ten cases of 1928 in ten areas : and so on. In fact, the high proportion of single notifications is one of the characteristics of the records. There are, of course, some exceptions. In 1913, one-fourth of all the cases occurred in one district within a few weeks. The outbreak of 1926 showed a heavy proportion in Broadstairs Urban, and another marked concentration in the districts of the Isle of Sheppey, though almost all the remaining cases were 'singles' distributed throughout the county.

In a wider allocation—by geographical sections—there are similar difficulties in the way of compiling any figures of interest. The heavy concentrations of population in the north-west of the county would be expected to show a proportionate incidence of the notified cases : and it may be mentioned that in each of the years 1923, 1924, 1930, 1942, 1943, 1945, 1947, 1948 and 1949, more than half of the cases were notified from that part of the county : and in 1937 and 1941 this proportion rose to more than two-thirds. By contrast, 1939—which was a 'bad' year—showed nearly half of the cases as occurring in a belt across the county, roughly the line Gillingham-Maidstone-Dover.

Finally, it is almost invariably the case that a few sporadic cases may occur during the winter months, but the curve of incidence rises to a peak in the late summer or autumn. Here again, however, there have been some marked variations : one epidemic at least (in one of the southern counties) in 1947 showed a definite wave of cases in the spring, followed by a second, and much heavier, wave at the end of October.

NON-NOTIFIABLE DISEASES

Mortality rates, per thousand of the civil population, from certain non-notifiable diseases during the past ten years. (Some of these figures are referred to in the remarks on the causes of death, on page 12).

Year	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	
										Kent	England & Wales
Influenza ...	0.192	0.155	0.082	0.316	0.121	0.059	0.126	0.058	0.027	0.096	0.15
Diarrhoea ...	3.095 0.047	3.235 0.049	3.864 0.069	5.011 0.092	7.015 0.141	4.235 0.077	3.357 0.072	4.139 0.090	1.752 0.032	2.078 0.035	3.0 —
Bronchitis ...	0.815	0.751	0.672	0.704	0.665	0.622	0.557	0.629	0.453	0.552	—
Pneumonia	0.642	0.669	0.532	0.587	0.560	0.479	0.445	0.480	0.308	0.446	0.51
Nephritis ...	0.348	0.360	0.304	0.335	0.328	0.293	0.316	0.342	0.268	0.256	—
Diabetes ...	0.130	0.138	0.119	0.105	0.093	0.088	0.074	0.068	0.084	0.083	—

(Pneumonia is one of the notifiable diseases, and the notifications in each district will be found in the Table of Infectious Diseases on page 46-47. The mortality rates have been included in this tabulation because of the close association of the figures with those for bronchitis).

The diarrhoea death-rates shown in the above tabulation relate to children dying under two years of age, per thousand births (upper figure) and per thousand of the population (lower figure). As will be seen, there was a very slight upward movement of the rates, but they remained well below the average for the ten years. The number of deaths increased by only five.

The interesting fact is that under each of the headings shown there has been an average reduction of one-third from the rates of ten years ago.

CANCER.—The following tabulation shows the mortality from cancer recorded in Kent during the past ten years :—

Kent.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.
URBAN.										
No. of Deaths ...	1,801	1,766	1,804	1,845	1,790	1,985	2,133	2,123	2,234	2,288
Death-rate ...	1.79	2.01	2.02	2.06	2.02	2.09	1.96	1.87	1.91	1.95
RURAL.										
No. of Deaths ...	480	513	486	566	524	490	527	551	595	542
Death-rate ...	1.55	1.80	1.77	2.09	1.97	1.83	1.83	1.86	1.94	1.75
TOTAL.										
No. of Deaths ...	2,281	2,279	2,290	2,411	2,314	2,475	2,660	2,674	2,829	2,830
Death-rate ...	1.73	1.96	1.96	2.07	2.01	2.03	1.93	1.87	1.92	1.91
England and Wales.										
Death-rate ...	1.72	1.78	1.84	1.90	1.90	1.95	1.85	1.86		

The age and sex distribution of the deaths, during the same period of ten years, is as follows :—

	All ages.	0-1.	1 — 5	5-15.	15 — 45	45-65.	65 up-wards.
1940. (M. ...	1,111	—	2	2	64	416	627
1940. (F. ...	1,170	—	—	1	88	457	624
1941. (M. ...	1,075	—	3	3	69	387	613
1941. (F. ...	1,204	—	1	4	112	437	650
1942. (M. ...	1,156	—	2	4	72	411	667
1942. (F. ...	1,134	1	1	2	94	440	596
1943. (M. ...	1,154	—	3	2	53	409	687
1943. (F. ...	1,257	1	—	—	90	468	698
1944. (M. ...	1,094	—	—	4	54	397	639
1944. (F. ...	1,220	1	1	4	85	484	645
1945. (M. ...	1,231	2	3	1	57	433	735
1945. (F. ...	1,244	1	4	1	78	468	692
1946. (M. ...	1,259	—	1	1	55	459	743
1946. (F. ...	1,401	2	2	—	98	520	779
1947. (M. ...	1,350	—	4	2	75	469	800
1947. (F. ...	1,324	1	4	3	98	469	749
1948. (M. ...	1,423	1	4	1	89	534	794
1948. (F. ...	1,406	1	4	4	86	510	801
1949. (M. ...	1,382	2	3	2	63	477	835
1949. (F. ...	1,448	2	2	4	98	510	832

The 2,830 deaths show that cancer accounted for 16.5 per cent. of all deaths in the county—a lower figure than that for the previous year. The lesser mortality in rural areas resulted in a reduction of the death-rate for the county, of small extent but sufficient to achieve the third lowest figure for ten years. The record of the administrative county during the past forty-two years is set out below :—

Year	Number of deaths	Death-rate		Year	Number of deaths	Death-rate	
		Kent	England and Wales			Kent	England and Wales
1908	929	0.90	0.93	1929	1,766	1.52	1.44
1909	950	0.91	0.96	1930	1,799	1.53	1.46
1910	952	0.90	0.96	1931	1,827	1.55	1.49
1911	1,092	1.07	0.99	1932	1,915	1.58	1.51
1912	1,107	1.08	1.02	1933	2,049	1.64	1.53
1913	1,158	1.11	1.06	1934	2,018	1.58	1.56
1914	1,190	1.13	1.06	1935	2,164	1.67	1.59
1915	1,265	1.21	1.12	1936	2,219	1.67	1.63
1916	1,208	1.16	1.16	1937	2,146	1.58	1.64
1917	1,221	1.19	1.21	1938	2,368	1.71	1.67
1918	1,308	1.28	1.21	1939	2,344	1.67	1.67
1919	1,257	1.23	1.14	1940	2,281	1.73	1.72
1920	1,349	1.29	1.16	1941	2,279	1.96	1.78
1921	1,429	1.33	1.21	1942	2,290	1.96	1.84
1922	1,385	1.28	1.22	1943	2,411	2.07	1.90
1923	1,506	1.38	1.26	1944	2,314	2.01	1.90
1924	1,528	1.38	1.29	1945	2,475	2.03	1.95
1925	1,580	1.43	1.33	1946	2,660	1.93	1.85
1926	1,596	1.43	1.36	1947	2,674	1.87	1.86
1927	1,678	1.49	1.38	1948	2,829	1.92	
1928	1,765	1.54	1.43	1949	2,830	1.91	

Vital Statistics—Summary

The area of the county is 972,027 acres. Urban areas, 190,850 acres : rural areas, 781,177 acres.

The total population of the county (mid-1949) was 1,520,220. Urban areas, 1,205,772 : rural areas, 314,448.

Summary showing various rates recorded during the past thirty years :—

Year	Birth-Rate	Death-rate (all causes)	Infant Mortality Rate	Still-births (per 1000 population)	Still-births (per 1000 births)	Maternal Mortality Rate	Zymotic Mortality Rate	Pul-monary Tuberculosis Death-Rate	Non-Pul-monary Tuberculosis Death-rate	Cancer Death-rate
1920	24·5	11·4	58			4·3	0·49	0·80	0·24	1·29
1921	20·0	11·5	65			3·4	0·54	0·81	0·22	1·33
1922	18·7	11·7	57			4·3	0·47	0·75	0·20	1·28
1923	18·3	10·6	48			3·3	0·26	0·76	0·17	1·38
1924	16·6	11·1	53			3·3	0·27	0·76	0·19	1·38
1925	16·5	11·5	56			2·8	0·33	0·72	0·18	1·43
1926	16·2	11·0	55			3·6	0·34	0·70	0·15	1·43
1927	15·4	12·1	52			4·1	0·28	0·73	0·15	1·49
1928	15·4	11·5	47			3·2	0·35	0·73	0·13	1·54
1929	15·3	12·8	61	0·53	33·4	3·5	0·450	0·69	0·13	1·52
1930	15·2	10·9	45	0·51	32·3	3·9	0·202	0·70	0·14	1·53
1931	15·0	11·7	47	0·51	32·7	3·0	0·178	0·64	0·13	1·55
1932	14·6	11·6	50	0·52	34·4	3·3	0·235	0·64	0·13	1·58
1933	14·1	11·7	49	0·49	33·3	4·0	0·162	0·64	0·12	1·64
1934	14·5	11·3	49	0·52	34·4	4·0	0·244	0·59	0·11	1·58
1935	14·7	11·1	44	0·50	32·6	3·2	0·139	0·55	0·10	1·67
1936	14·7	11·3	47	0·53	34·4	3·0	0·182	0·52	0·10	1·67
1937	14·7	11·3	49	0·52	33·7	2·8	0·161	0·54	0·11	1·58
1938	15·0	10·8	43	0·53	34·3	2·5	0·156	0·48	0·09	1·71
1939	15·1	11·3	37	0·50	31·7	2·1	0·102	0·49	0·08	1·67
1940	15·0	13·5	44	0·45	29·0	2·0	0·086	0·54	0·10	1·73
1941	15·1	13·6	43	0·44	28·4	2·3	0·146	0·62	0·13	1·96
1942	17·7	12·7	42	0·51	27·9	2·2	0·120	0·56	0·13	1·96
1943	18·3	12·9	40	0·49	25·8	2·2	0·154	0·56	0·10	2·07
1944	20·1	13·4	46	0·49	23·6	1·5	0·191	0·58	0·10	2·01
1945	18·2	12·4	37	0·48	25·5	1·6	0·123	0·54	0·10	2·03
1946	21·2	11·8	33	0·51	23·4	1·2	0·095	0·45	0·08	1·93
1947	21·6	12·1	35	0·51	23·1	1·3	0·129	0·45	0·08	1·87
1948	17·8	10·7	26	0·38	20·5	1·3	0·053	0·41	0·07	1·92
1949	16·5	11·6	27	0·36	20·9	1·2	0·048	0·39	0·06	1·91

Immunisation and Vaccination

DIPHTHERIA IMMUNISATION

During 1949, a special endeavour has been made to ensure that every eligible child between the ages of 9 months and 11 years has had the opportunity of receiving either a primary or re-inforcing injection against diphtheria. This was of special importance in the case of school children for it was found that approximately 53% required either a primary or re-inforcing injection. A campaign was organised in the County Primary Schools and with only a few departments now remaining to be visited by the Assistant County Medical Officers, 41,763 (6,692 Primary and 35,071 Re-inforcing) children have been immunised. During 1950, arrangements will be made to afford the same facilities to children attending County Secondary, Grammar and Technical Schools.

A follow-up scheme has also been introduced in the case of the 9 months old babies. If no record card has been received by the time the child reaches the age of 1 year, a special visit is made to the home by the Health Visitor, to impress upon the parents the importance of having immunisation carried out immediately.

At the end of 1949, 652 medical practitioners had agreed to participate in the Council's Scheme and facilities were made available at 241 clinics throughout the County. A national agreement has now been reached for a payment of 5/- per record card to be made to medical practitioners who submit completed record cards in respect of children immunised either at their homes or the doctor's surgery.

The following table shows the extent to which Diphtheria Immunisation has been carried out in the County during the year :—

<i>Primary Injections</i>		<i>Total</i>	<i>Secondary or re-inforcing injections</i>
<i>Under 5 years</i>	<i>5—14 years</i>		
20,904	6,395	27,299	35,916

Number of Children at 31st December, 1949, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1935)

Age at 31-12-49 i.e. Born in Year	Under 1 1949	1 1948	2 1947	3 1946	4 1945	5 to 9 1940-1944	10 to 14 1935-1939	TOTAL under 15
Number Immunised	1,714	16,795	20,099	18,793	15,694	81,778	67,983	222,856
Estimated mid-year child population 1949	Children under five 131,110					Children 5—14 204,000		335,110

19 cases of diphtheria were notified during the year in respect of children under the age of 15 years, and there were no deaths.

WHOOPING COUGH

Immunisation against Whooping Cough is not carried out throughout the County as a whole. Facilities have been continued in six districts where immunisation was carried out prior to 5th July, 1948. Until such time as there is proof that protection against this disease can be reasonably expected, which is not now the case, it has been decided not to extend immunisation facilities.

The following table shows the extent to which Whooping Cough Immunisation was carried out in the six districts and by General Practitioners.

<i>Under 1 year</i>	<i>1—4 years</i>	<i>5—14 years</i>	<i>Total</i>
1,009	1,721	95	2,825

VACCINATION AGAINST SMALLPOX

At the end of 1949, 652 practitioners had agreed to participate in the Council's scheme, an increase of 67 over the 1948 figures. Facilities were available at 157 child welfare centres, 31 clinics where vaccination and diphtheria immunisation only are carried out and 2 clinics for vaccination only. The total number of clinics providing vaccination facilities is therefore 190, an increase of 30 over the 1948 figure.

17,162 persons were vaccinated or re-vaccinated during the year, 11,362 by practitioners at their surgeries or patients' homes and 5,800 at clinics.

A follow-up scheme has been introduced in the case of babies of four months old. If no record of vaccination has been received by the time a child reaches the age of six months a special visit is made by the Health Visitor to impress upon the parents the importance of vaccination.

The following table shows in age groups the number of persons vaccinated or re-vaccinated during the year :—

AGE AT 31.12.49 i.e. born in years	Under 1 1949	1—4 1945— 1948	5—14 1935— 1944	15 or over Before 1935	Totals
NUMBER VACCINATED ...	7,205	4,866	521	1,220	13,812
NUMBER RE-VACCINATED	—	140	554	2,656	3,350
TOTALS	7,205	5,006	1,075	3,876	17,162
GENERAL PRACTITIONERS	3,602	2,940	990	3,830	11,362
CLINICS	3,603	2,066	85	46	5,800
TOTALS	7,205	5,006	1,075	3,876	17,162

Only three cases of generalised vaccinia were reported during the year and no cases of post-vaccinal encephalomyelitis.

Prevention of Illness, Care and After Care

During the year the various requirements in accordance with Section 28 of the National Health Service Act 1946 have been maintained and extended.

TUBERCULOSIS.—During the year 2,529 (1948—2,245) persons were notified as suffering from Tuberculosis. On the 31st December, 14,738 (1948—13,460) persons remained on the registers of the Medical Officers of Health. Summaries of notifications will be found on pages 25—26

During the year 5,473 recommendations for extra foods were received : 4,682 recommendations were approved as the patients' financial circumstances were within the approved scale of assessment. The balance, 791 recommendations, were not approved. Beds and bedding were supplied on loan to 82 patients. Fourteen patients were admitted to institutions for the purpose of rehabilitation.

RECUPERATION.—The Council provides accommodation in suitable recuperative homes for patients requiring a period of recuperation not involving continued medical and/or nursing care. Such patients, or their liable relatives, are assessed to make a contribution towards the maintenance costs according to their means.

From 1st June, 1949, the Health Committee relieved the Education Committee of the responsibility of providing accommodation for Children at maintained schools in suitable Recuperative Homes.

During the period 1.1.49 to 31.12.49, 120 Adults (including 11 Mental After Care patients) and during the period 1.6.49 to 31.12.49, 60 School Children (including 2 Mental After Care Patients) were admitted to such Homes.

The maximum period for which liability for the cost of maintenance is accepted is 4 weeks for adults and 6 weeks for school children.

The average length of stay for adults was 2 weeks 6 days and for school children 4 weeks 6 days.

Beds and Bedding are also available on loan to persons suffering from illness. Twenty-one persons received such assistance during the year.

VENEREAL DISEASE

The two female social workers have carried out the following visits in connection with their duties of tracing contacts and following up persons who have not maintained attendance at clinics :

No. of cases to be visited	...	...	...	412
No. of cases visited	...	...	...	401
No. who attended for treatment	...	...	...	267

PROVISION OF NURSING REQUISITES

The arrangement that the British Red Cross Society and the St. John Ambulance Brigade act as agents of the Council in the issue of nursing requisites for the care of those ill at home has been maintained.

PREVENTION OF BLINDNESS AND BLIND WELFARE

This is referred to in detail on page 34.

HEALTH EDUCATION

A series of lectures on Health Education covering Social Hygiene, including Venereal Diseases and their associated problems, as well as Sex Education and subjects covering General Health such as Food and Drinks Infection, Diphtheria Immunisation and Local Health Authority Services, have been carried out by a Health Education Lecturer whose services were engaged on a part-time basis.

The lectures, which were given in different parts of the County to various organisations, including Parents' Meetings at schools, employees at Factories and Coal Mines and selected Youth Clubs, were well attended and much appreciated.

Health propaganda in all its aspects is pursued with vigour by the County Council's own staff at welfare centres, clinics and day nurseries and assistance is given at Health Exhibitions organised by Local Authorities.

Orthopaedic Service

During the year under review there were 81,415 attendances at the Orthopaedic Clinics compared with 68,348 attendances during 1948.

The following summary gives particulars of the number of new patients during the year and number of attendances.

	<i>New Patients</i>	<i>Number of Attendances</i>
Children under school age	1,739	12,968
Children of school age	3,580	68,447
TOTALS	5,319	81,415

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS

Summary of Notifications during the period from the 1st January, 1949, to the 31st December, 1949, in the County of Kent.

AGE PERIODS	Formal Notifications													
	Number of Primary Notifications of new cases of Tuberculosis													
	0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and upwards	Total (All ages)
Respiratory—														
Males	2	9	24	35	18	123	142	189	145	140	95	42	7	971
Females	3	8	19	24	46	112	137	192	80	37	26	20	5	709
Non-Respiratory—														
Males	1	3	17	25	17	9	8	13	5	6	4	2	1	111
Females	—	4	19	20	19	16	20	13	10	5	3	1	1	131

SUPPLEMENTAL RETURN

Showing new cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above mentioned period, otherwise than by formal notification.

Source of Information		Number of cases in age Groups												Total
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75		75 & upwards
Death Returns from local Registrars.	Respiratory M. F.	—	—	—	—	—	1	1	2	4	2	5	3	24 (A)
	Non-Respiratory M. F.	—	1	1	—	1	3	7	5	1	2	1	2	27 (B)
Death Returns from Registrar-General (Transferable deaths)	Respiratory M. F.	—	—	—	—	—	—	—	—	—	—	—	—	3 (C)
	Non-Respiratory M. F.	—	—	—	—	—	—	—	—	—	—	—	—	2 (D)
Posthumous Notifications	Respiratory M. F.	—	1	—	—	1	2	—	—	1	3	3	1	16 (A)
	Non-Respiratory M. F.	—	—	—	1	—	—	1	—	1	—	—	—	4 (B)
“Transfers” from Other Areas (excluding transferable deaths)	Respiratory M. F.	—	—	5	7	—	7	39	108	51	24	5	—	250 (A)
	Non-Respiratory M. F.	—	—	6	9	8	9	51	109	29	12	2	—	235 (B)
Other Sources	Respiratory M. F.	—	—	—	—	1	—	1	3	2	—	—	—	10 (C)
	Non-Respiratory M. F.	—	1	—	—	—	—	—	1	2	2	—	—	17 (D)
		—	—	—	—	—	1	1	—	1	3	1	—	8 (A)
		—	—	—	—	—	—	—	—	—	—	—	—	6 (B)
		—	—	—	—	—	—	—	—	—	—	—	—	— (C)
		—	—	—	—	—	1	—	—	—	—	—	—	1 (D)
TOTALS ... (A) 298, (B) 272, (C) 16, (D) 21.														

Particulars of new cases of tuberculosis, and of deaths from the disease, in Kent during 1949.

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	2	3	1	—	—	1	1	1
1—2	10	9	4	4	} 2	—	6	3
2—5	29	25	18	20				
5—10	42	33	29	22	} 1	—	4	8
10—15	19	57	18	20				
15—20	134	124	9	18	} 148	150	19	13
20—25	183	197	9	23				
25—35	300	310	17	18				
35—45	202	110	7	12	} 149	46	8	9
45—55	172	51	7	7				
55—65	109	29	5	5				
65—75	56	26	2	1	} 56	27	3	2
75 and upwards ...	11	7	1	2				
Totals	1,269	981	127	152	356	224	41	36
2,529				657				

Care of Mothers and Young Children.

The Council's Scheme for the Care of Mothers and Young Children under Section 22 of the National Health Service Act, 1946, makes provision for :—

- (a) Child Welfare Centres
- (b) Ante-Natal, Post-Natal and Women's Welfare Clinics.
- (c) Dental Treatment of Expectant and Nursing Mothers and Children under School Age.
- (d) Day Nurseries
- (e) Mother and Baby Homes.

The numbers of centres and clinics provided by the Council at the end of 1949 were as follows :—

Welfare Centres	257
Ante-Natal Clinics	93
Post-Natal and Women's Welfare Clinics ...	27

The total number of live births notified in the County during the year was 24,546. There were also 522 notifications of still-births.

The total number of 'first' attendances at the Child Welfare Centres during the year was 22,500 and the attendances totalled 479,910.

10,157 expectant mothers attended the Ante-Natal Clinics during the year and their attendances totalled 50,412.

3,484 women attended the Women's Welfare Clinics and their attendances totalled 6,704.

There were 49 ante-natal admissions to the Mother and Baby Home at Tunbridge Wells during the year. 27 of these women returned to the Home after confinement and there were 30 other admissions during the year, including 7 for a period of recuperation.

During the year, 55 mothers were discharged from the Home with their babies, in addition to the 7 women who had been admitted for recuperation. The following tabulation shews the final arrangements made in these 55 cases :—

(i) Mother returned home with baby	20
(ii) Mother found domestic employment with baby	6
(iii) Baby admitted to residential nursery	15
(iv) Baby transferred to care of foster parents	4
(v) Baby transferred to prospective adopters	7
(vi) Mother transferred to an institution and baby admitted to a nursery	2
(vii) Mother transferred to a special hostel with baby	1

It will be seen that arrangements had to be made for the care of 28 infants (or approximately 50%) apart from their mothers, and it is anticipated that this proportion will increase as, owing to the break-up of the Poor Law, the admissions include a higher proportion of young women of low mental and moral calibre who have, in many instances, already had one or more illegitimate children and for whom it is almost impossible to find employment. Patients in this social group have to be accommodated for relatively long periods in the Home and the problem of after care for this group has not been satisfactorily resolved. This group, whilst numerically small, presents for each patient social and economic difficulties that are not easily met from existing services. The majority of these patients require long periods of tactful supervision and guidance and need assistance if they are to support themselves and their children.

CARE OF PREMATURE INFANTS

1,147 notifications were received of the birth of children weighing not more than $5\frac{1}{2}$ lbs. 627 of these births took place in hospitals and homes under the administration of the Regional Hospital Board. 415 were born at home and 105 in private nursing homes, and Tables (a) and (b) below give appropriate details of the progress of the two groups:—

Weight at Birth	(a) Born at home						
	Transferred to hospital (1)	Nursed entirely at home					Grand Total (7)
		Died in 1st 24 hours (2)	Died on 2nd to 7th day (3)	Died on 8th to 28th day (4)	Survived 28 days (5)	Total (6)	
Under 3 lbs.	8	4	—	—	—	4	12
3-4 lbs. ...	18	2	5	—	12	19	37
4-5½ lbs. ...	33	7	5	2	319	333	366
Total ...	59	13	10	2	331	356	415

Weight at Birth	(b) Born in private Nursing Homes*						
	Transferred to hospital (8)	Nursed entirely in private nursing home					Grand Total (14)
		Died in 1st 24 hours (9)	Died on 2nd to 7th day (10)	Died on 8th to 28th day (11)	Survived 28 days (12)	Total (13)	
Under 3 lbs.	—	—	4	—	1	5	5
3-4 lbs. ...	—	2	3	—	5	10	10
4-5½ lbs. ...	1	—	4	—	85	89	90
Total ...	1	2	11	—	91	104	105

* including Maternity Homes not in the National Health Service, and Mother and Baby Homes where the mother was confined in the Home.

Outfits containing the various items needed for nursing premature babies at home are provided.

MATERNAL MORTALITY.—The following tabulation shows the number of deaths of women in child-birth, in Kent, during each of the last ten years. For comparative purposes, the average figures for the five years 1945-1949 and the forty-two years 1908-1949, are added:—

Year.	Number of live births.	Puerperal Sepsis.		Other puerperal causes.		Total deaths.	Total rate per 1,000 births.
		Number of deaths.	Rate per 1,000 births.	Number of deaths.	Rate per 1,000 births.		
1940	19,715	10	0.6	29	1.5	39	2.0
1941	17,623	12	0.7	28	1.6	40	2.3
1942	20,709	12	0.6	32	1.6	44	2.2
1943	21,355	16	0.8	29	1.4	45	2.2
1944	23,094	10	0.5	24	1.1	34	1.5
1945	22,198	7	0.4	27	1.3	34	1.6
1946	29,193	10	0.4	23	0.8	33	1.2
1947	30,928	8	0.3	32	1.1	40	1.3
1948	26,258	9	0.4	24	1.0	33	1.3
1949	24,546	7	0.3	22	0.9	29	1.2
Average of five years 1945-49	26,625	8	0.4	26	1.0	34	1.3
Average of forty-two years 1908-49 ...	20,634	20	1.0	41	2.0	60	3.0

DENTAL TREATMENT

The services of the 50 whole-time dental surgeons, as approved by the Council for the inspection and treatment of school children and of mothers and children under school age under Section 22 of the National Health Service Act, was further reduced from 34 whole-time officers on the 1st January to the equivalent of 30 by the end of the year.

The problem of obtaining staff to replace those who have left the service is, at the moment, causing more concern than the provision of clinic buildings, and unless the situation changes radically in the near future, the County service must consist largely of attempting to remedy the defects which might have been prevented by adequate inspection and treatment.

The Education Committee has approved the appointment of four dental hygienists. When appointed, these officers will be of considerable help to the dental officers by undertaking, under supervision, the work of scaling, cleaning and polishing of teeth for school children and mothers. In addition, these officers may also be used for giving talks on the care of teeth to school children and mothers attending Welfare Centres, and for addressing meetings of parents and teachers.

It has not yet been possible, because of the shortage of dental surgeons, to carry out the arrangements to provide regular inspection and treatment for all children in Homes and Nurseries under the control of the Children's Committee. When staff is available, a detailed survey is to be made of the dental condition of children in Homes and Nurseries. Expectant and nursing mothers, and children under school age, attending ante-natal and welfare centres were sent, wherever possible, by the Medical Officer to the nearest dental clinic for inspection and treatment.

For this work, the staff available to the Health Committee in terms of whole-time officers was three, compared with four for the previous year. They spent 1,431 half-day sessions on inspections and treatment in fifty-two permanent centres and two temporary centres in rural areas. In addition, an expansion of the service in rural districts was made possible by the provision of mobile clinics of the caravan type, fitted with a complete range of equipment for dental operations, x-ray and manufacture of appliances.

The efficiency of this service would be greatly increased if staff and buildings permitted dental inspections being done in the same premises and at the same time as the Ante-Natal Clinics.

The tables "A" and "B" below record particulars of the inspections and treatment provided during the year under review.

"A"—NUMBERS PROVIDED WITH DENTAL CARE

	Examined	Needing treatment	Treated (including patients recommended in previous year)	Made Dentally fit
Expectant and Nursing Mothers	1,346	1,251	1,914	1,346
Children under five ...	1,385	1,154	2,223	1,909

"B"—FORMS OF DENTAL TREATMENT PROVIDED

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	5,138	1,452	1,718	2,249	972	—	639		452	489
Children under Five	2,330			1,835		Included under dressings	1,489		—	—

Patients needing x-ray, were referred to the nearest hospital.

DENTAL WORKSHOPS

Owing to the increased demand for dentures, etc., it became impossible during the year for the six county technicians at Maidstone and Dover to return the appliances in the various stages of manufacture to the dental surgeons on the dates requested. Consequently, it was necessary to arrange for a proportion of the work to be undertaken by private firms.

It was hoped that the plans approved by the Council for the erection of a new workshop, two surgeries and a garage for the 30 h.p. prime-mover for the three mobile clinics, in Foster Street, Maidstone, would have been sanctioned by the Ministry of Health. Now it will prove even more difficult when the present restricted recruitment of dental surgeons ends, for the workshop staff to cope with the additional work.

Appended is a summary of the work carried out at (a) the County Workshops and (b) by the contractors.

(a) (i) CARE OF MOTHERS AND YOUNG CHILDREN

<i>Dentures</i>	<i>Remakes</i>	<i>Repairs</i>
700	5	47

(ii) SCHOOL CHILDREN

<i>Orthodontic Appliances</i>	<i>Remakes</i>	<i>Repairs</i>	<i>Oral Screens</i>	<i>Dentures</i>	<i>Remakes</i>	<i>Repairs</i>
1,059	8	68	244	354	8	31

(b) CONTRACTORS

<i>Dentures</i>	<i>Remakes</i>	<i>Repairs</i>
241	3	12

DAY NURSERIES

Throughout the year, the County Council have continued to provide 26 day nurseries and details relating to them are given in the following summary :—

Address					No. of Places	Average attendance during the year		Waiting List at end of year
						Under 2	2—5	
ASHFORD	...	Beaver Lane	...	...	50	7	33	20
BECKENHAM	...	25 Beckenham Road	...	...	45	6	29	48
		Springfield, W. Wickham	...	...	38	7	31	25
BROMLEY	...	Elmfield Road	...	...	40	10	25	69
		Draycott	...	...	60	16	33	49
CHATHAM	...	Maida Road	...	...	50	10	29	54
CHISLEHURST & SIDCUP	...	67/69 Sidcup Hill, Sidcup	...	...	70	14	46	10
		Days Lane, Sidcup	...	...	40	12	22	46
		Kimmeridge Road, Mottingham...	...	...	80	15	46	63
CRAYFORD	...	Shenstone, Old Road	...	...	60	12	42	103
DARTFORD	...	21 West Hill	...	...	35	6	24	17
ERITH	...	Riversite	...	...	40	13	28	26
		Franks Park	...	...	40	15	25	28
GILLINGHAM	...	Marlborough Road	...	...	50	8	42	165
GRAVESEND	...	Glendillon	...	...	30	8	20	107
		Daneholm	...	...	40	7	26	78
MAIDSTONE	...	Highfield	...	...	60	9	46	17
		South Park...	...	...	50	12	21	16
ORPINGTON	...	Scads Hill House	...	...	80	8	50	4
PENGE	...	214 Anerley Road	...	...	45	13	30	27
ROCHESTER	...	Gun Lane, Strood	...	...	50	14	30	105
SEVENOAKS	...	1-5 Wickenden Road	...	...	50	8	37	18
TONBRIDGE	...	Hectorage Road	...	...	50	11	31	28
TUNBRIDGE								
WELLS		17 Lansdown Road	...	...	56	14	30	28
DARTFORD R.	...	The Lawns, Church Path, Green-	...	...	40	5	28	31
		hithe (Stone)	...	...	60	19	34	44
		White Oak Hospital, Swanley	...	...		
					1,309	279	838	1,226

Towards the close of the year, a detailed statistical review was carried out in all the Council's nurseries as to the social and economic factors affecting the admission of children to such nurseries. This review covered a total of 1,321 children, including 270 under two years of age. Particulars relating to 814 children then on the waiting list were also analysed.

Of the 1,321 children in the nurseries, 652, i.e., 49%, came within the priority groups as defined by the Council and the majority of these were from homes where the mother was widowed, unmarried, separated, having to work because of a dependent husband or, by reason of illness or confinement, was unable to look after the family.

The great majority of the children admitted as non-priority cases were from families in which low income necessitated the mother seeking employment.

Of the 814 children on the waiting list, only 206, or 25%, were classified as priority cases.

The review produced no evidence that the provision of these day nurseries released large numbers of women for industry.

The County Council have now agreed that, in future, day nurseries shall be administered solely as a health service and should not, therefore, deal with any children except those whose mother comes within the priority groups, including unsuitable home conditions.

Health Visiting

The County Council's proposals for Health Visiting, as approved by the Minister of Health, provide for a total establishment of 300 health visitors, a proportion of whose time will be devoted to work in connection with the School Health Service. At the end of the year, the total number of health visitors employed by the Council was approximately 240. Recruitment of additional health visiting staff and the training of student health visitors is proceeding.

The numbers of visits made during the year :—

(a) To Expectant Mothers—

First visits	...	...	...	...	5,513
Subsequent	...	...	...	...	9,294

(b) To Children—

First visits	(0-1)	...	...	25,712
Subsequent visits	(0-5)	...	...	236,183

Total visits paid during year 276,702 + special visits.

Domestic Help Service

The rapid increase in the demand for this service has continued during the year and to meet the situation thus created, 21 Area and District Organisers have been appointed to date to deal with the local administration of the service.

At the end of the year, the number of helpers employed was 120 whole-time and 1,400 part-time. The total number of hours worked was approximately 39,000 a week, equivalent to more than 830 full-time workers.

An analysis of the 2,489 cases served in a week in December shewed that 1,057 were households in which a person was suffering from illness, including 211 suffering from tuberculosis, and 1,083 were households in which there were aged persons. The remainder included households with children (88), expectant mothers (71), patients lying-in (183) and mental defectives (7).

Midwifery and Home Nursing Services

The staff at the end of 1949 consisted of six Administrative Midwifery and Nursing Officers, 127 whole-time Home Nurses, 134 whole-time Midwives and 132 whole-time Home Nurse-Midwives. In addition to these staffs, there were also 19 part-time Nurses and Midwives engaged. The four voluntary bodies who, as the Council's agents, were carrying out Home Nursing Services in the County, employed 15 Nurses.

The Midwifery and Home Nursing Service functioned smoothly and efficiently and the staff available proved reasonably adequate to meet demands. While, however, there are no serious difficulties in recruitment, in certain areas the filling of vacancies proved to be difficult because of finding suitable accommodation.

The Council is a member of the Queen's Institute of District Nursing and, through the aegis of the Institute, arranged for the training of three candidates as Queen's Nurses during the year.

During the year 24,546 births were registered in the County. The following table shows the number of midwives practising in the County at 31st December, 1949, and the number of births attended by such midwives either as midwives or maternity nurses during the year :—

	<i>Number of midwives practising at 31.12.49</i>	<i>Number of births attended as midwives during the year</i>	<i>Number of births attended as maternity nurses during the year</i>
<i>Domiciliary Midwives employed by Council</i>			
(a) As midwives	138	6,517	2,039
(b) As nurse-midwives	136	1,833	972
	<hr/>	<hr/>	<hr/>
In Private Practice	274	8,350	3,011
	29	331	171
	<hr/>	<hr/>	<hr/>
TOTALS	303	8,681	3,182
	<hr/>	<hr/>	<hr/>
<i>Institutional Midwives</i>			
Employed by Hospital Management			
Committees	238	10,847	1,695
Employed by Voluntary Institutions	9	247	195
In private Nursing Homes	47	719	937
In Military Families Hospitals	25	305	24
	<hr/>	<hr/>	<hr/>
TOTALS	319	12,118	2,851
	<hr/>	<hr/>	<hr/>
Totals in respect of both domiciliary and institutional midwives	622	20,799	6,033

The following tabulation shows the work carried out by Home Nurses during 1949 :—

	<i>Number of Patients attended</i>	<i>Total Number of Visits</i>
<i>Number of Nurses employed at 31.12.49</i>		
By Nurses employed by the Council—		
Whole-time 127	28,399	518,426
Part-time 147		
By Nurses employed by Voluntary Associations—		
Whole-time 15	2,549	51,251
Part-time 1		

The following table summarises the reasons for which medical aid was sought during the year :—

<i>For the Mother</i>	<i>By Domiciliary Midwives</i>	<i>By Midwives in Institutions</i>	<i>Total</i>
Abnormal presentation	67	28	95
Abortions	70	—	70
Ante-partum haemorrhage	160	5	165
Placenta praevia... ..	4	—	4
Obstructed or delayed labour	237	47	284
Post-partum haemorrhage	63	8	71
Raised temperature	68	8	76
Retained placenta	41	12	53
Torn perineum	607	112	719
Ante-natal	225	12	237
Uterine inertia	17	3	20
Miscellaneous	117	29	146
	<hr/>	<hr/>	<hr/>
	1,676	264	1,940
<i>For the Child</i>			
Prematurity and feebleness	111	6	117
Deformities	25	4	29
Inflammation of the eyes	121	3	124
Skin eruptions	25	1	26
Miscellaneous	157	9	166
	<hr/>	<hr/>	<hr/>
	439	23	462
	<hr/>	<hr/>	<hr/>
GRAND TOTAL	2,115	287	2,402
	<hr/>	<hr/>	<hr/>

GAS AND AIR ANALGESIA

At the end of the year under review, 254 of the 274 midwives and nurse-midwives employed either whole-time or part-time by the Council had received training in, and had the use of a Minnitts Gas/Air Apparatus. At the time of writing this report only three midwives remain untrained, one is shortly to retire, another is temporarily employed and the third is due for training in a few weeks. Of the 11,361 births attended as midwives and maternity nurses by these officers in 1949, gas/air analgesia was administered to 6,164 patients—approximately 54%.

The increase in the use of this form of relief from pain at domiciliary births within the administrative County since 1945, is shown by the following figures, which include births attended by midwives other than those employed by the Council.

<i>Year</i>	<i>Approximate % of Domiciliary Births at which gas/air administered</i>		
1945	0.4
1946	4.0
1947	13.4
1948	30.7
1949	52.0

Note.—These figures take no account of cases in the Boroughs of Bromley and Gillingham up to 31.12.47.

MIDWIVES APPROVED FOR THE TRAINING OF PUPILS

A part of each pupil-midwife's training is received from a domiciliary midwife with whom she works for a period of three months attending patients in their homes. The scheme was operated during the year by twenty-four midwives employed by the Council and approved by the Central Midwives Board to provide this training in conjunction with the following hospitals :—

District Hospital, Pembury, Nr. Tunbridge Wells
All Saints' Hospital, Chatham
West Hill Hospital, Dartford
Bexley Maternity Hospital, Bexleyheath.

Arrangements were made for six of the midwives referred to above to attend a residential post-certificate course organised by the Royal College of Midwives for Midwife Teachers and Midwives engaged in teaching which was held at Birmingham from 11th to 17th September, 1949.

Blind Persons

The Health Department continues to work in close co-operation with the Kent County Association for the Blind, with whom the County Council have entered into arrangements in accordance with the provisions of section 30 of the National Assistance Act, 1948.

The Blind Population of the County at the 31st December, 1949, totalled 2,306, and an allocation of this total to an age-sex grouping is as follows :—

<i>Age Group</i>	<i>Male</i>			<i>Female</i>	<i>Total</i>
0	1	1
1	1	1
2	1	1
3	1	1
4	2	2
5—10	13	20
11—15	9	16
16—20	14	31
21—30	52	96
31—39	58	104
40—49	89	168
50—59	152	300
60—64	104	203
65—69	113	236
70 and over	410	1,125
unknown	1	1
TOTAL	...	1,017	1,289	2,306	

The Blind welfare services provided are :—

HOME TEACHERS.

There are 13 Home Teachers who regularly visit the registered blind persons, and keep in touch with those who are classed as partially sighted. They are seconded to the Kent County Association for the Blind, by whom their duties are arranged. These duties consist of reporting on new cases, with a view to registration, teaching Braille and Moon in suitable cases, and pastime handicrafts in others. This pastime work is taught either in their own homes, or at special classes where there is a sufficient number for such classes to be held. They form and in some cases attend social clubs, where an opportunity is provided for refreshment, education and games. They also report to the Secretary of the Association as to the blind persons' special needs, which are dealt with by the County Council or through the voluntary funds of the Association. The Home Teachers work in close co-operation with the Association's local committees and honorary representatives. During the past year the Home Teachers made 16,687 visits, gave 898 lessons in Braille or Moon and 2,430 lessons in pastime handicrafts.

WORKSHOP EMPLOYMENT.

There are 8 men and 6 women employed in workshops controlled by the following Associations :—

London Association for the Blind.
Blind Employment Factory.
Royal School for the Blind.
Barclay Workshops for blind women.
Royal London Society for Teaching and Training the Blind.
Catholic Blind Asylum.

The rates of pay in the workshops are Trade Union, Trade Board, or other agreed rates fixed through the appropriate negotiating machinery. The workers actual earnings are augmented by a sum of 15s. a week and additional supplementation as is necessary to bring the earnings, plus augmentation, up to an agreed minimum wage: the augmentation and supplementation is paid by the Council.

HOME EMPLOYMENT.

Arrangements are made that blind persons desiring to work on their own account are enabled to do so in their homes, at occupation centres or elsewhere other than in special workshops, except that no blind person is allowed to participate in these arrangements unless he is capable of earning such minimum sum each week and for such period as may be determined by the Council.

The earnings of Home Workers are augmented by the County Council to an amount to ensure that each worker is in receipt of an income of £1 per week more than he or she would receive if unemployed and in receipt of National Assistance grant.

At December 31st, 1949 there were 68 persons in the Home Workers' Scheme—44 males and 24 females. This includes one male who is recorded as a defective sighted person. The trades followed, and the numbers in each, were as follows :—

				M.	F.
Basket-makers	...	...	...	17	—
Brush-makers	...	...	...	1	—
Chair-caners	...	...	...	5*	1
Hand Knitters	...	...	...	—	3
Machine Knitters	...	...	...	—	20
Mat-makers	...	...	...	3	—
Mattress-makers	...	...	...	1	—
Net-makers ...	...	...	...	1	—
Piano-tuners	...	...	...	16	—

* Includes one defective-sighted person.

The eight men and six women Workshop Employees referred to above, were occupied as follows:—six (male) basket-makers, one (male) brush-maker, one (male) injection-moulder and six (female) machine knitters.

' St. Dunstaners' totalled 17, in addition to the above. Three were basket-makers, two shoe repairers, eight mat-makers, three wood-workers and one net-maker.

Also, there were two men and two women working as Braille copyists (not under the Scheme of the National Institute for the Blind).

Home Workers are supervised by the appropriate Association, the Home Teachers and the District Officers of the Department, and the Kent County Association for the Blind, and receive assistance in the disposal of their products.

The Department has taken steps in consultation with the Ministry of Labour and National Service, with a view to ensuring suitable employment for blind persons in open industry and for the provision of training facilities under the Disabled Persons (Employment) Act, 1944, and three such persons have been referred to the Ministry.

The following tabulation shows the work carried out in respect of Applicants under the Blind Persons Acts, during 1949 :—

	Number of examinations	Certified blind		Not certified blind	
		Male	Female	Male	Female
NEW CASES :—					
Males	142	108	—	34	—
Females	190	—	154	—	36
RE-EXAMINATIONS :—					
Previously blind—still blind	36	10	26	—	—
Previously blind—now not blind	10	—	—	6	4
Previously not blind— still not blind ...	5	—	—	3	2
Previously not blind— now blind	9	4	5	—	—
Other cases (Transfers, certificates from hos- pitals, etc.)	73	35	38	—	—

Ambulance Services.

The Ambulance Service consists of three components ; (a) vehicles and staff provided by the County Council, (b) services provided by the St. John Ambulance Brigade, the British Red Cross Society, and Margate Ambulance Corps, acting as agents for the Council, and (c) sitting case cars provided by arrangement with the Hospital Car Service.

The number of ambulance stations operated by the Voluntary Associations remained at twenty-five but stations operated directly by the Council were reduced by four to twenty-two during the year, the infectious diseases ambulance stations at the Capel, Dartford Bow Arrow, and Keycol Hill hospitals, and the general purpose station at Sandwich, being closed. The work of these stations was transferred to the Pembury, Dartford West Hill, Sittingbourne and Deal ambulance stations respectively.

The arrangements made with the City Council of Canterbury for the operation of a joint service to meet the needs of the County area outside the County Borough, and the special arrangements with this Authority and the London County Council for the conveyance of patients suffering from typhus and smallpox, were continued. Similarly no change occurred in the reciprocal arrangements with the neighbouring Authorities for the nearest ambulance to attend the scene of an accident or emergency, and in a few instances, to cover a remote district for general ambulance purposes.

Association with the County Fire Service consisted of utilising that Service's communications system for emergency ambulance calls, and the taking over by the Fire Service, by stages, of the responsibility for the maintenance and repair of Ambulance Service vehicles. At present the arrangements are confined to the Council's vehicles. In future years it is proposed that the major repair work now carried out by contractors will be transferred to the County Fire Brigade's workshop to be established at Marden, and ultimately the scheme will include Voluntary Associations' vehicles used in the Ambulance Service.

The adoption by the Council of revised scales of wages and conditions of service for Ambulance Staffs involving the reduction of the working week from forty-eight hours to forty-four hours necessitated an increase in the establishment of paid operational staff from 350 to 450 whole-time, or equivalent part-time staff. Application has been made to the Ministry of Health to amend the Council's Ambulance Service scheme accordingly, and at the same time the opportunity was taken to seek the Ministry's approval to amendments in the total vehicle strength, as regards ambulances from 150 to 175 and sitting case cars from 50 to 75.

The County Council had, in 1947, voted a sum of £60,000 for new vehicles and orders had been placed for forty-five new and one second-hand ambulances, and six new and four second-hand sitting case cars. It became apparent early in January, 1949 that additional sitting case cars were an urgent necessity, and the only method of obtaining these quickly was to purchase second-hand vehicles. Many of the ambulances transferred to the service on the 5th July, 1948 were old, and further new vehicles would be required for replacement purposes. The Council, in February, accordingly voted a further sum of £58,000 for additional vehicles and orders have been placed for eighteen new ambulances, nine new sitting case cars and twenty-two second-hand sitting case cars to a total value of approximately £45,000.

Deliveries of additional vehicles during the year numbered twenty-nine new ambulances, nine new sitting case cars and twenty-three second-hand sitting case cars.

It was necessary to dispose of twenty-one ambulances and three sitting case cars which were no longer road-worthy.

The following statement of vehicle strength shows the position at the end of the year 1949 :—

	<i>Ambulances</i>	<i>Sitting Case Cars</i>
K.C.C. vehicles directly operated	80	44
K.C.C. vehicles on loan to Voluntary Associations	4	—
Voluntary Associations	62	3
	<hr/> 146	<hr/> 47

The report for the year 1948 refers to the concern felt at the heavy demands made upon the service, questions having arisen on a number of occasions as to whether cars had been ordered for patients who could travel by public transport, and representations having been made to the appropriate Authorities. The calls on the service continued to increase and a survey was undertaken in one area which revealed evidence of an appreciable number of instances of mis-use of sitting case cars. Consultations were held with senior officers of the Voluntary Organisations responsible for the organisation of the Hospital Car Service, and after reviewing the position the Health Committee decided to institute a new system for requesting sitting case cars as follows :—

- (i) An amended form of request to be used, setting out the Council's duties in providing an Ambulance Service and requiring the signature of a medical practitioner that the patient's medical condition is such that public transport cannot be used.
- (ii) All requests for a sitting case car to be addressed to one of the Council's District Officers.
- (iii) All regular continuing journeys to be reviewed at the end of each month.

The revised system was initiated on the 1st November, 1949, and excluding the Canterbury Joint Service, during that month, as compared with October, reductions of 1,470 in the number of sitting case patients carried, 1,020 in the number of sitting case journeys and 34,389 in the sitting case mileage, were effected representing a financial saving of some £900 for the month. The position was maintained during December.

A statement of operational statistics is appended showing the work carried out during the period 1st January to 31st December.

The National Health Service (Amendment) Act, 1949, became effective on the 16th December, 1949, but has a minor effect only on the Ambulance Service. Previously the responsibility of a Local Health Authority for the return of a patient conveyed by it outside its area was limited to return on the same day. Broadly speaking, under the provisions of the new Act, a Local Health Authority is required to bear the cost of the return journey where a patient, having travelled from a place in its area to a hospital outside its area for the purpose of obtaining hospital or specialist treatment, returns under ambulance service arrangements to any place in its area immediately after the cessation of such treatment and within a period of three months from the date of the original journey.

During the later part of the year the question was investigated of operating the ambulance service by radiotelephony with the object of improving the system of communications and effecting, ultimately, economies in manpower and vehicles. The Council subsequently approved of the introduction of this system by stages and voted a sum of £6,600 for the purpose.

The total cost of operating the County Council vehicles is estimated to be 1/6d. a mile and the Hospital Car Service 6·18d. a mile.

OPERATIONAL STATISTICS

(1st January to 31st December, 1949—Figures for the period
5th July-31st December, 1948 are given in brackets)

AMBULANCES AND SITTING CASE CARS

						<i>K.C.C. Vehicles</i>	<i>Voluntary Association Vehicles*</i>	<i>Total</i>
Average number of vehicles in use	...	...	...	...	...	107 (85)	65 (61)	172 (146)
Total Mileage	...	...	...	...	...	1,457,872 (463,921)	655,203 (254,984)	2,113,075 (718,905)
Number of journeys—								
Day	...	...	...	...	...	117,107 (39,540)	39,266 (14,874)	156,373 (54,414)
Night	...	...	...	...	...	6,871 (3,803)	2,747 (1,500)	9,618 (5,303)
Total	...	...	...	...	...	123,978 (43,343)	42,013 (16,374)	165,991 (59,717)
Total number of patients carried	...	...	...	...	...	165,261 (43,811)	45,738 (17,366)	210,999 (61,177)
Number of emergency cases—								
Street	...	...	...	...	...	3,240 (1,491)	2,426 (1,255)	5,666 (2,746)
Others	...	...	...	...	...	3,026 (821)	3,076 (1,208)	6,102 (2,029)
Total	...	...	...	...	...	6,266 (2,312)	5,502 (2,463)	11,768 (4,775)
Number of Maternity Patients	...	...	...	...	...	6,020 (2,854)	1,937 (673)	7,957 (3,527)
Number of Transfers between Hospitals	...	...	...	...	...	3,457 (1,433)	2,025 (688)	5,482 (2,121)
Number of Hospital Out-patients	...	...	...	...	...	117,609 (23,286)	20,418 (5,522)	138,027 (28,808)
Number of admissions to Hospitals	...	...	...	...	...	15,928 (8,230)	9,749 (5,774)	25,677 (14,004)
Number of discharges from hospitals	...	...	...	...	...	13,140 (4,737)	5,661 (2,210)	18,801 (6,947)
Number of Infectious Diseases Patients	...	...	...	...	...	1,975 (824)	111 (11)	2,086 (835)
Number of Patients conveyed out of County	...	...	...	...	...	4,826 (909)	1,310 (502)	6,136 (1,411)

HOSPITAL CAR SERVICE

Total Mileage	...	...	...	...	...	1,681,118 (580,336)
Total Number of Journeys	...	...	...	...	...	56,176 (18,224)
Total Number of Patients carried	...	...	...	...	...	72,692 (21,515)

* Includes K.C.C. vehicles which are on loan to Voluntary Associations.

Mental Health.

1. The Health Committee, through its Health Services Sub-Committee has continued to exercise responsibility for mental health matters centrally, whilst seven Area Sub-Committees continue to be responsible for detailed organisation. The Health Services Sub-Committee meets four times a year, and the Area Sub-Committees meet seven times a year.

2. A Senior Assistant County Medical Officer is responsible to the County Medical Officer for duties in connection with mental health services, principally in connection with mental deficiency. This Officer receives part-time assistance from two whole-time and one part-time Medical Officers, and certain of the whole-time Officers of the Regional Hospital Board continue to be available for consultation under the Mental Deficiency Acts.

There are 43 duly authorised officers working from 21 District Offices, and 2 supervisory district officers on the central staff who are also appointed duly authorised officers. These officers also undertake social welfare duties. 11 Mental Health Officers discharge duties in connection with mental deficiency, none of whom has recognised qualifications by examination.

At the Occupation Centres at Bromley, Erith, Gillingham, Maidstone, Gravesend, Folkestone and Tunbridge Wells, there are 7 supervisors and 10 assistants.

The number of Home Teachers appointed for duties in connection with the Home Teaching Scheme for mental defectives is 6.

It is proposed to appoint a Psychiatric Social Worker as soon as a suitable candidate can be found.

3. No definite arrangements exist for the joint use of officers of the Regional Hospital Board and Hospital Management Committees in the supervision of patients discharged on trial from Mental Hospitals or on Licence from Institutions for Mental Defectives. Such duties are normally discharged by officers of the Board, but 37 patients on licence were supervised by the Council's officers. Harmonious relations with the officers of the Regional Hospital Board continue. 27 patients under guardianship were supervised during the year by the Brighton Guardianship Society on behalf of the Council.

The Mental Hospitals have undertaken after-care duties for the majority of patients discharged from Hospitals. 42 patients have, however, received after-care service by the Council's staff, and after-care has been provided for 118 patients by agency arrangements made by the Council with the National Association for Mental Health. These arrangements are to be discontinued as from the 1st April 1950, when the duties will be undertaken by the staff of the Health Department.

Consultation between the Psychiatric Social Workers of the Mental Hospitals and the Council's officers on after-care duties continue as a regular practice.

4. During the year, 2 supervisors and 2 assistant supervisors of Occupation Centres, and 1 Home Teacher, have attended a Refresher Course arranged by the National Association for Mental Health. In addition, two series of lectures, each covering six weeks, were given by the Council's medical staff to District Officers, their Assistants and other mental health officers. This work of internal training is proceeding, and arrangements have been made for visits to Mental Hospitals, where appropriate lectures will be given.

5. The Duly Authorised Officers have dealt with 1,509 patients under the Lunacy and Mental Treatment Acts.

Under the Mental Deficiency Acts 425 new cases were reported upon during the year, of which 19 were found not to be mentally defective. At the end of the year there were 213 mentally defective patients awaiting admission to Institutions. 113 patients were under guardianship; 1,007 under statutory supervision; and 734 under voluntary supervision. 315 patients were receiving training, of whom 207 were in Occupation Centres and 108 were provided for by the Home Teaching scheme.

County Laboratory Services.

Whilst the County Laboratory continues to function much as in the past, the effect of the Act has been radically to change the Council's direct interest in the services provided. On the 5th July, 1948, the Regional Hospital Board became responsible for the provision of all hospital and specialist services in the County and, therefore, automatically assumed responsibility for the major part of the work in the Laboratory. Broadly speaking, all the work of the Laboratory that was associated with the examination of specimens sent from hospitals, clinics and general practitioners which had to do with the diagnosis and treatment of disease, became the responsibility of the Board.

A smaller proportion of the work of the Laboratory related to the prevention of disease, dealing with such matters as the examination of water, sewage effluents and specimens relating to the control of epidemic and infectious diseases.

After discussion with the Medical Research Council, which is responsible to the Ministry of Health for the maintenance of a National Public Health Laboratory Service, as from the 1st April, 1949, the County Laboratory became "associated" with the national service. The practical effect of this was that the financial responsibility for the examination of specimens concerned with what may be conveniently termed "Public Health Services" was transferred entirely to the Medical Research Council. The only work after the 1st April which remained the financial responsibility of the County Council was that in regard to the examination of medico-legal specimens, a branch of work which has developed over recent years mainly because of the use made of the Laboratory by the Kent Police Authority.

It will, therefore, be appreciated that practically the whole cost of the Laboratory is now borne by the Regional Hospital Board and the Medical Research Council, but the County Council still continues to administer the Laboratory and, apart from the medical staff, all other members of the staff remain County officers.

Whilst, therefore, a table is given below of the work in the Laboratory done in 1949 as compared with previous years, this is the last year in which it will be appropriate for such a statistical analysis to be put in this report since the cost of the bulk of examinations done are no longer a concern of the County Council.

The Table below gives a summary of the work done in the Central Laboratory at Maidstone during the past 10 years :—

Year	Diphtheria Swabs	Widals, etc. (Typhoid and allied Fevers)	Tuberculosis	Venereal Diseases	Water Examinations	Milk Examinations	Histological Examinations	Biochemistry	Haematology	Various	Totals
1940 ...	8,759	405	7,009	29,501	1,826	2,881	998	3,175	1,464	10,385	66,383
1941 ...	9,060	617	7,994	32,544	2,362	2,983	1,273	6,201	2,184	14,462	79,680
1942 ...	7,664	452	8,690	30,269	2,288	3,229	1,771	8,575	2,686	17,099	82,733
1943 ...	12,776	437	10,241	45,871	1,959	3,743	2,134	6,282	3,740	28,443	115,626
1944 ...	9,483	577	11,321	58,268	1,920	2,854	2,276	5,552	6,255	26,434	124,940
1945 ...	9,696	558	13,928	51,643	1,748	3,246	2,213	7,231	10,107	28,348	128,718
1946 ...	7,548	712	19,976	56,991	1,840	2,946	2,715	3,306	26,340	25,457	147,831
1947 ...	6,841	678	20,244	55,220	1,969	2,464	2,706	4,030	35,782	28,054	157,988
1948 ...	6,444	816	21,664	54,283	2,306	3,438	3,845	4,341	39,544	28,468	165,149
1949 ..	4,100	884	25,342	57,898	2,421	3,481	4,333	6,187	48,669	29,133	182,448

The points of interest arising out of this table are as follows :—

1. An increase of 17,299 investigations, from a total of 165,149 in 1948 to 182,448 in 1949.
2. The increased investigations were mainly in connection with haematology, tuberculosis, venereal diseases, biochemistry and streptococcal infections, with minor increases in examinations, connected with typhoid and allied fevers, bacteriological examinations of milk and water, and pregnancy diagnosis tests.
3. There was a sharp decrease in tests for diphtheria. Eleven years ago more than 20,000 examinations were made in connection with this disease. During 1949 only 7 positive cases in the acute stage of infection were found.
4. There was an increase of nearly 4,000 examinations for tubercle bacilli in sputum etc., nearly 50 per cent. of this increase was from specimens received from sanatoria.
5. About 1,850 more biochemical tests were carried out during the year, and most of this increase arose from investigations connected with the diagnosis and treatment of tuberculosis.
6. Venereal diseases examinations showed an increase of about 3,500 ; a large percentage of these resulted from routine blood testing from ante-natal clinics. There was an actual decrease of about 700 specimens examined for gonorrhoea.
7. Haematological examinations showed an increase of about 9,000 specimens ; Rhesus factor tests and blood grouping accounted for most of this increase, but 1,672 more blood counts were done than in 1948.
8. The pregnancy diagnosis test was again used to the extent of 3,098 tests as compared with 2,962 in 1948 ; and histology showed an increase of nearly 500 sections.
9. 190 more drinking waters were examined in 1949 than in the previous year. Again it can be reported that the main supplies in the county were satisfactory.
10. Ice cream samples showed an increase from 3,696 in 1948 to 4,352 in 1949. On the whole the bacteriological quality of ice cream showed an improvement.
11. Biological tests for tubercle bacilli in milk showed a slight decrease from 2,066 in 1948 to 1,860 in 1949. It is interesting to note that only one school milk out of 416 examined for the Kent Education Committee was infected with living tubercle bacilli. 7 out of 1,045 designated milks were positive (16 out of 1,289 examined were positive in 1948), and 15 out of 146 examined for the Ministry of Agriculture and Fisheries were positive (23 out of 223 were positive in 1948).

In view of what has been said, it now seems an appropriate opportunity to review the history of the County Laboratory from 1911 until 1948, during which period the County Council was wholly responsible for its management and finances.

The County Laboratory was first founded over a hat shop in Maidstone in 1911 by Dr. Ponder, who subsequently became the County Medical Officer. Originally employing one medical officer and one lay assistant, the Laboratory now has three Pathologists, 22 Technicians and 16 other staff. The original purpose of founding the Laboratory was to provide for the examination of specimens for the control of infectious disease, notably diphtheria and tuberculosis. As time progressed, it was found that the Laboratory was being asked to undertake an ever widening range of examinations.

In 1936, Dr. E. R. Jones, the present Senior Pathologist, took over the responsibility for the Laboratory, and has been responsible for raising the services to a high level of efficiency. Together with his colleagues, Dr. Jones was transferred to the service of the Regional Hospital Board on July 5th, 1948, and this account of the work of the Laboratory affords an opportunity to pay tribute to the competence and zeal with which he directed the laboratory services during those years when he was in charge of it as a County officer. No examination which was requested of the Laboratory was ever refused and a study of the table given above shows the tremendous increases in work which have taken place over past years. It may not have been fully appreciated that long before any question was raised of a free medical service for the nation, the County Laboratory had been giving to every medical, dental and veterinary practitioner in the County a service free of cost. All these practitioners could send in any number of specimens and the services of the pathologists were always available for consultation and the examination of patients at County Hall.

Whilst in some parts of the country it is still a matter of debate as to whether general medical practitioners should be able to send patients direct to the Laboratory and receive reports on the conditions found, it may be pointed out that the County of Kent has had this system in operation ever since the Laboratory was founded nearly 40 years ago.

The County Laboratory is housed at County Hall in modern specially designed quarters and its equipment, the great bulk of which was provided from County funds, is up-to-date and adequate to meet all needs.

The fact that practically the whole of the financial responsibility for the Laboratory is now met from Treasury funds and that the medical staff is no longer employed by the County Council, should not obscure the fact that the Council, as agents of the Regional Hospital Board and the Medical Research Council, still has the duty of administering the Laboratory.

TABLE 1.—Showing Population, Acreage and Density of Population of the various Districts of the County of Kent, in 1949 (mid-year).

DISTRICT	Population 1949 (as estimated by the Registrar General)		Acreage, inclusive of Water	Persons per Acre *
	Civilian	Total		
URBAN—				
Ashford U.	23,890	24,650	5,657	4.4
Beckenham B.	75,570	75,630	5,937	12.8
Bexley B.	89,180	89,270	4,861	18.4
Broadstairs and St. Peter's U.	15,180	15,180	2,771	5.5
Bromley B.	64,090	64,140	6,513	9.9
Chatham B.	41,750	54,420	4,356	12.5
Chislehurst and Sidcup U. ...	73,510	73,850	8,959	8.3
Crayford U.	27,520	27,540	2,544	10.9
Dartford B.	40,580	40,580	4,233	9.6
Deal B.	22,740	23,630	2,903	8.2
Dover B.	33,520	34,220	3,447	10.0
Erith B.	46,730	46,770	4,607	10.2
Faversham B.	12,340	12,340	2,994	4.2
Folkestone B.	42,350	45,620	4,006	11.4
Gillingham B.	63,680	68,040	8,351	8.2
Gravesend B.	43,250	43,670	4,014	10.9
Herne Bay U.	18,140	18,140	8,566	2.2
Hythe B.	8,808	8,861	3,013	3.0
Lydd B.	2,403	2,902	11,932	0.3
Maidstone B.	53,250	54,180	5,976	9.1
Margate B.	41,180	41,180	6,960	6.0
New Romney B.	2,210	2,210	1,514	1.5
Northfleet U.	18,660	18,660	3,770	5.0
Orpington U.	59,190	59,500	20,842	2.9
Penge U.	24,850	24,870	770	32.3
Queenborough B.	3,027	3,027	1,103	2.8
Ramsgate B.	35,530	35,530	3,624	9.9
Rochester C.	42,610	42,660	3,759	11.4
Sandwich B.	3,760	3,863	2,137	1.9
Sevenoaks U.	15,680	15,680	3,716	4.3
Sheerness U.	14,840	16,400	943	17.4
Sittingbourne and Milton U.	22,150	22,150	4,935	4.5
Southborough U.	8,805	8,811	1,758	5.1
Swanscombe U.	8,150	8,150	2,142	3.9
Tenterden B.	4,178	4,178	8,946	0.5
Tonbridge U.	19,250	19,250	4,599	4.2
Tunbridge Wells B.	38,780	38,790	6,034	6.5
Whitstable U.	17,230	17,230	7,658	2.3
TOTALS—Urban	1,178,561	1,205,772	190,850	6.32
RURAL—				
Ashford, East	9,938	9,938	51,398	0.20
Ashford, West	9,722	9,722	39,455	0.25
Bridge-Blean	19,450	19,450	55,868	0.35
Cranbrook	14,630	14,630	41,315	0.36
Dartford	35,890	35,890	34,103	1.06
Dover	9,810	11,469	26,098	0.44
Eastry	20,780	21,750	54,276	0.41
Elham	8,910	9,214	36,676	0.26
Hollingbourn	15,550	15,550	56,796	0.28
Maidstone	17,520	17,520	34,709	0.51
Malling	34,310	35,150	45,655	0.77
Romney Marsh	4,217	4,342	31,035	0.14
Sevenoaks	32,590	32,700	62,959	0.52
Sheppey	8,860	8,911	20,319	0.44
Strood	20,250	20,320	48,811	0.42
Swale	18,980	18,980	62,015	0.31
Tenterden	7,152	7,152	38,002	0.19
Tonbridge	21,760	21,760	41,687	0.53
TOTALS—Rural	310,319	314,448	781,177	0.41
TOTALS—County	1,488,880	1,520,220	972,027	1.57

* Calculated on *total* populations

TABLE 2.—Showing Deaths, Births and Infantile Mortality in the different Urban Districts of the County of Kent in the year 1949.

DISTRICT.	DEATHS.			BIRTHS.					INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death rate per 1,000 of the civil population.	Comparable Death-rate	Legitimate.	Illegitimate.	TOTAL.	Birth-rate per 1,000 of the civil population.	Still-births.	Legitimate.	Illegitimate.	TOTAL.	Deaths of Infants, under one year of age per 1,000 births.
Ashford U. ...	326	13·7	11·92	336	15	351	14·7	7	15	—	15	43
Beckenham B. ...	798	10·6	9·86	1,046	30	1,076	14·3	24	29	—	29	27
Bexley B. ...	727	8·2	9·76	1,220	30	1,250	14·1	40	28	2	30	24
Broadstairs and St. Peter's U.	179	11·8	9·33	161	1	162	10·7	4	3	—	3	19
Bromley B. ...	699	11·0	9·90	987	43	1,030	16·1	23	16	—	16	16
Chatham B. ...	531	12·8	12·93	815	42	857	20·6	19	25	—	25	30
Chislehurst and Sidcup U.	582	8·0	9·36	1,113	46	1,159	15·8	21	20	2	22	19
Crayford U. ...	221	8·1	9·89	465	27	492	17·9	8	13	—	13	27
Dartford B. ...	369	9·1	9·38	626	30	656	16·2	13	18	—	18	28
Deal B. ...	303	13·4	12·33	375	20	395	17·4	9	15	—	15	38
Dover B. ...	416	12·5	11·63	615	36	651	19·5	17	24	1	25	39
Erith B. ...	465	10·0	10·80	773	22	795	17·1	13	17	2	19	24
Faversham B. ...	184	15·0	11·85	209	9	218	17·7	4	4	—	4	19
Folkestone B. ...	608	14·4	11·96	680	42	722	17·1	16	14	—	14	20
Gillingham B. ...	829	13·1	13·16	1,103	51	1,154	18·2	15	41	1	42	37
Gravesend B. ...	456	10·6	11·13	711	40	751	17·4	14	26	—	26	35
Herne Bay U. ...	340	18·8	12·04	225	23	248	13·7	2	4	—	4	17
Hythe B. ...	133	15·2	10·80	132	7	139	15·8	3	4	—	4	29
Lydd B. ...	32	13·4	11·26	55	1	56	23·4	2	1	—	1	18
Maidstone B. ...	637	12·0	11·52	811	47	858	16·2	18	16	1	17	20
Margate B. ...	548	13·4	11·13	540	49	589	14·4	10	14	3	17	29
New Romney B. ...	34	15·4	13·25	31	5	36	16·3	—	—	—	—	0
Northfleet U. ...	176	9·5	10·26	303	8	311	16·7	10	9	—	9	29
Orpington U. ...	636	10·8	10·80	928	47	975	16·5	18	20	1	21	22
Penge U. ...	279	11·3	10·40	476	42	518	20·9	12	10	—	10	20
Queenborough B. ...	24	8·0	8·40	52	5	57	18·9	3	1	1	2	36
Ramsgate B. ...	471	13·3	11·58	576	38	614	17·3	16	17	2	19	31
Rochester C. ...	477	11·2	11·65	742	32	774	18·2	18	18	—	18	24
Sandwich B. ...	41	11·0	9·46	49	4	53	14·1	1	—	—	—	0
Sevenoaks U. ...	172	11·0	10·23	172	12	184	11·8	6	2	1	3	17
Sheerness U. ...	185	12·5	11·50	249	15	264	17·8	10	3	—	3	12
Sittingbourne and Milton U.	271	12·3	11·44	355	19	374	16·9	7	14	1	15	41
Southborough U. ...	126	14·4	10·80	117	5	122	13·9	1	1	—	1	9
Swanscombe U. ...	81	10·0	10·90	145	8	153	18·8	3	1	1	2	14
Tenterden B. ...	46	11·1	7·55	61	3	64	15·4	1	—	—	—	0
Tonbridge U. ...	242	12·6	10·97	288	12	300	15·6	8	6	1	7	24
Tunbridge Wells B. ...	646	16·7	11·19	509	20	529	13·7	11	14	1	15	29
Whitstable U. ...	301	17·5	11·03	221	6	227	13·2	4	3	—	3	14
TOTALS IN URBAN DISTRICTS ...	13,591	11·6	12·07	18,272	892	19,164	16·3	411	466	21	487	26

TABLE 3.—Showing Deaths, Births and Infantile Mortality in the different Rural Districts of the County of Kent in the year 1949.

DISTRICT.	DEATHS.			BIRTHS.					INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death rate per 1,000 of the population.	Comparable Death-rate	Legitimate.	Illegitimate.	TOTAL.	Birth-rate per 1,000 of the population.	Still-births.	Legitimate.	Illegitimate.	TOTAL.	Deaths of Infants under one year of age per 1,000 births.
Ashford, East ...	137	13·8	10·49	145	9	154	15·5	6	5	2	7	46
Ashford, West ...	133	13·7	10·69	191	15	206	21·2	2	7	2	9	44
Bridge-Blean ...	210	10·8	8·97	251	9	260	13·4	5	1	—	1	4
Cranbrook ...	173	11·9	10·83	229	9	238	16·3	2	10	—	10	42
Dartford ...	325	9·1	9·20	535	30	565	15·8	14	16	1	17	31
Dover ...	126	12·9	10·45	203	9	212	21·7	—	9	2	11	52
Eastry ...	284	13·7	12·75	362	15	377	18·2	10	9	—	9	24
Elham ...	138	15·5	10·08	135	7	142	16·0	4	—	—	—	0
Hollingbourn ...	191	12·3	10·46	253	25	278	17·9	5	12	2	14	51
Maidstone ...	194	11·1	9·22	279	15	294	16·8	6	6	—	6	21
Malling ...	355	10·4	9·68	550	17	567	16·6	8	9	1	10	18
Romney Marsh ...	62	14·8	12·44	95	10	105	24·9	2	4	—	4	39
Sevenoaks ...	404	12·4	11·04	497	33	530	16·3	12	21	3	24	46
Sheppey ...	105	11·9	11·31	155	16	171	19·4	4	4	—	4	24
Strood ...	246	12·2	11·23	404	13	417	20·6	10	7	—	7	17
Swale ...	227	12·0	10·32	352	15	367	19·4	8	7	1	8	22
Tenterden ...	82	11·5	9·20	116	10	126	17·7	5	6	—	6	48
Tonbridge ...	266	12·3	11·20	348	25	373	17·2	8	11	—	11	30
TOTALS IN RURAL DISTRICTS ...	3,658	11·8	10·39	5,100	282	5,382	17·4	111	144	14	158	30
TOTALS IN URBAN DISTRICTS ...	13,591	11·6	12·07	18,272	892	19,164	16·3	411	466	21	487	26
TOTALS IN COUNTY ...	17,249	11·6	—	23,372	1,174	24,546	16·5	522	610	35	645	27

TABLE 4.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the URBAN DISTRICTS in the County of Kent, and the number of such Cases which were treated in Hospital, during the year 1949.

DISTRICT.	Small-pox.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Whooping Cough.	Measles.	Cases removed to Hospital.			
																			Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford U. ...	—	—	2	13	—	1	—	—	—	—	—	19	8	—	—	15	167	155	—	—	13	—
Beckenham B. ...	—	—	14	63	3	11	12	—	—	—	—	101	8	1	3	33	83	525	—	—	32	2
Bexley B. ...	1	16	135	—	—	4	10	—	—	—	—	123	8	1	—	19	191	598	—	1	45	—
Broadstairs and St. Peter's U.	1	4	41	—	—	—	—	7	—	—	—	6	1	—	—	8	64	144	—	1	34	—
Bromley B. ...	1	8	139	—	2	25	1	7	—	—	—	101	7	—	2	30	199	559	—	1	68	2
Chatham B. ...	—	8	35	—	—	8	—	2	—	—	—	76	17	—	1	19	189	34	—	—	6	—
Chislehurst & Sidcup U.	1	16	196	1	5	—	26	—	—	2	—	232	14	—	2	31	230	935	—	3	102	1
Crayford U. ...	1	—	23	1	4	1	6	—	—	1	—	46	5	—	—	10	191	170	—	1	8	1
Dartford B. ...	—	—	98	1	—	—	11	3	—	2	—	54	7	—	—	10	104	262	—	—	46	1
Deal B. ...	—	—	1	20	—	—	2	—	—	—	—	19	6	—	—	13	11	293	—	—	5	—
Dover B. ...	—	—	16	23	—	2	1	7	—	—	—	48	14	—	—	44	251	396	—	—	12	—
Erith B. ...	2	7	116	—	—	5	1	8	—	—	—	82	5	—	4	21	147	448	—	2	73	—
Faversham B. ...	—	1	14	—	—	—	—	—	—	—	—	8	8	—	—	10	8	13	—	—	12	—
Folkestone B. ...	2	46	55	—	—	1	3	7	—	—	—	32	8	—	—	93	343	967	—	2	33	—
Gillingham B. ...	—	18	57	—	—	1	11	1	—	—	—	68	15	—	1	50	119	286	—	—	28	—
Gravesend B. ...	—	8	24	—	—	2	1	1	—	—	—	82	10	—	—	7	132	672	—	—	5	—
Herne Bay U.	—	1	21	—	—	1	—	3	—	1	—	10	1	—	—	14	20	30	—	—	16	—
Hythe B. ...	—	—	4	—	3	—	1	—	—	—	—	7	2	—	—	3	42	136	—	—	3	3
Lydd B. ...	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	6	10	70	—	—	2	—
Maidstone B. ...	4	8	29	2	8	2	3	3	—	—	—	57	8	—	—	14	66	219	—	4	27	2
Margate B. ...	1	2	30	—	—	1	6	—	—	—	—	68	15	—	4	—	17	363	—	1	26	—
New Romney B.	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	3	4	38	—	2	—	—
Northfleet U.	—	5	6	—	—	—	—	—	—	—	—	34	4	—	—	4	63	345	—	—	3	—
Orpington U.	2	12	245	3	19	3	56	—	1	—	—	57	3	1	2	56	182	1049	—	2	74	3
Penge U. ...	—	3	31	—	1	1	1	—	—	1	—	48	1	—	—	13	116	120	—	—	23	—
Queenborough B.	—	1	5	—	—	—	—	—	—	—	—	3	1	—	—	2	1	142	—	—	4	—
Ramsgate B. ...	—	4	20	3	4	1	3	—	—	—	—	31	8	—	—	26	106	260	—	—	14	3
Rochester C. ...	—	8	70	1	—	—	10	—	—	—	—	56	10	—	—	47	63	66	—	—	18	1
Sandwich B....	—	2	8	—	—	1	1	—	—	—	—	7	1	—	—	1	—	84	—	—	3	—
Sevenoaks U.	—	—	18	6	—	—	3	—	—	—	—	9	3	—	—	1	9	17	—	—	10	6
Sheerness U....	—	5	44	—	3	—	1	—	—	—	—	14	1	—	—	7	15	518	—	—	22	—
Sittingbourne & Milton U. ...	—	7	49	—	—	—	—	—	—	1	—	20	3	—	1	6	63	222	—	—	30	—
Southborough U.	—	—	8	1	—	—	—	—	—	—	—	4	1	—	—	4	12	188	—	—	1	1
Swanscombe U.	—	6	25	—	—	—	6	—	—	—	—	23	1	—	—	14	56	48	—	—	2	—
Tenterden B. ...	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	16	—	—	2	—
Tonbridge U.	—	3	24	1	1	—	5	—	—	—	—	18	8	—	—	25	50	358	—	—	8	—
Tunbridge Wells B....	5	4	13	1	2	—	2	—	—	—	—	27	4	—	—	14	50	871	—	5	8	1
Whitstable U.	—	13	51	—	2	—	—	—	—	—	—	10	3	1	—	13	8	182	—	—	24	—
TOTALS IN URBAN DISTRICTS	23	249	1759	29	111	16	218	8	—	9	1600	218	4	20	688	3385	11799	—	—	25	842	27

TABLE 5.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the RURAL DISTRICTS in the County of Kent, and the number of such Cases which were treated in Hospital, during the year 1949.

DISTRICT.	Small-pox.	Diphtheria (including Membranous Group).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Whooping Cough.	Measles.	Cases removed to Hospital.			
																			Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford East ...	—	1	2	5	1	—	1	1	1	—	—	5	2	—	—	7	35	30	—	1	4	1
Ashford West ...	—	—	—	4	2	—	—	1	—	—	—	4	1	—	—	1	60	21	—	—	4	1
Bridge-Blean ...	—	—	5	55	—	—	—	4	—	—	—	17	4	—	—	50	89	51	—	—	—	—
Cranbrook ...	—	1	2	43	3	—	—	6	4	—	—	7	—	—	1	19	61	338	—	1	10	—
Dartford ...	—	—	6	23	—	—	—	6	1	—	—	42	5	—	2	10	81	234	—	—	14	—
Dover ...	—	—	—	2	—	—	—	1	—	—	—	6	6	—	—	3	77	106	—	—	1	—
Eastry ...	—	—	2	19	—	—	—	3	—	—	—	18	2	—	—	12	2	160	—	—	14	—
Elham ...	—	1	1	3	—	—	—	—	1	—	—	3	—	—	—	4	107	63	—	—	2	—
Hollingbourn ...	—	1	2	14	—	—	—	7	—	—	1	14	4	—	—	2	30	34	—	1	14	—
Maidstone ...	—	—	—	23	1	—	—	—	1	—	—	12	4	1	—	23	64	89	—	—	19	—
Malling ...	—	—	3	11	—	—	—	2	—	—	—	45	4	—	—	17	34	476	—	—	6	—
Romney Marsh ...	—	1	1	1	—	—	—	2	—	—	1	—	—	—	—	1	12	79	—	—	1	—
Sevenoaks ...	—	—	11	38	—	—	1	17	—	—	—	30	7	—	1	125	45	351	—	—	13	—
Sheppey ...	—	—	10	6	—	—	—	—	—	—	—	12	—	—	—	18	35	239	—	—	1	—
Strood ...	—	1	—	17	—	—	—	7	—	—	—	23	3	—	—	5	22	89	—	1	3	—
Swale... ..	—	—	—	21	—	—	2	1	—	—	—	11	5	—	—	16	65	74	—	—	18	—
Tenterden ...	—	—	—	4	—	—	—	2	—	—	—	3	1	—	—	3	24	42	—	—	3	—
Tonbridge ...	—	—	5	43	2	—	8	8	2	—	—	17	8	—	—	11	82	461	—	—	25	2
TOTALS IN RURAL DISTRICTS ...	—	6	50	332	9	18	2	68	11	—	2	269	56	1	4	327	925	2937	—	4	152	4
TOTALS IN URBAN DISTRICTS ...	—	23	249	1759	29	111	16	218	8	—	9	1600	218	4	20	688	3385	11799	—	25	842	27
TOTALS IN COUNTY	—	29	299	2091	38	129	18	286	19	—	11	1869	274	5	24	1015	4310	14736	—	29	994	31
DEATHS, 1949—																						
Urban ...	—	1	?	—	1	4	10	?	?	?	?	469	52	?	?	506	9	4	—	—	—	—
Rural ...	—	—	?	—	—	3	1	?	?	?	?	111	25	?	?	157	2	2	—	—	—	—
County ...	—	1	?	—	1	7	11	?	?	?	?	580	77	?	?	663	11	6	—	—	—	—

TABLE 6.—Showing causes of deaths in the URBAN DISTRICTS of Kent during the year 1949.

DISTRICT	Typhoid and Paratyphoid Fevers.	Cerebro-spinal Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tuberculosis of Respiratory System.	Other forms of Tuberculosis.	Syphilitic Diseases.	Influenza.	Measles.	Acute Poliomyelitis and Encephalitis.	Acute Infectious Encephalitis.	Cancer of Buccal Cavity and Oesophagus (M) & Uterus (F).	Cancer of Stomach and Duodenum.	Cancer of Breast.	Cancer of all other sites.	Diabetes	Intracranial Vascular Lesions.	Heart Disease.	Other Diseases of Circulatory System.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, under two years of age.	Appendicitis.	Other Digestive Diseases.	Nephritis.	Puerperal and Post-Abortive Sepsis.	Other Maternal Causes.	Premature Birth.	Congenital Malformations, Birth Injury, Infant Disease.	Suicide.	Road Traffic Accidents.	Other Violent Causes.	All Other Causes.	All Causes.			
Ashford U. ...	—	—	—	—	—	6	3	1	3	—	—	—	5	6	8	29	4	48	117	12	17	11	21	6	3	1	1	4	3	—	—	—	5	6	3	8	13	326		
Beckenham B. ...	—	—	—	—	—	22	1	4	10	—	—	—	9	22	17	82	3	80	281	36	36	21	13	7	10	3	2	3	15	18	—	—	—	7	14	5	13	50	798	
Bexley B. ...	—	—	—	—	—	33	6	—	5	—	—	—	12	16	16	84	3	76	209	47	35	39	33	6	11	—	1	1	13	9	—	—	10	15	9	10	48	727		
Broadstairs and St. Peter's U. ...	—	—	—	—	—	2	—	1	1	—	2	1	8	2	2	17	5	24	66	4	7	4	6	—	3	—	—	—	4	8	—	—	—	—	—	—	9	179		
Bromley B. ...	—	—	—	—	—	20	—	—	5	—	—	1	7	20	12	99	—	68	204	41	36	38	11	6	—	6	—	—	20	9	—	—	3	9	3	11	57	699		
Chatham B. ...	—	—	—	—	—	27	3	5	2	—	—	1	10	17	9	67	6	51	165	23	23	22	8	8	8	4	1	—	9	9	—	1	8	9	8	31	531			
Chislehurst and Sidcup U. ...	—	—	—	—	—	30	5	4	8	—	—	—	6	19	13	64	5	75	157	25	25	22	2	4	1	1	1	—	5	19	—	3	6	15	4	7	11	35	582	
Crayford U. ...	—	—	—	—	—	17	—	—	4	1	—	—	5	10	3	29	1	22	66	5	8	12	3	1	1	1	—	4	6	—	1	3	7	1	1	3	10	221		
Dartford B. ...	—	—	—	—	—	18	2	2	1	1	2	—	4	20	5	30	1	40	106	24	11	12	8	6	3	3	—	9	6	1	4	5	12	6	8	3	29	369		
Deal B. ...	—	—	—	—	—	4	1	1	5	—	—	—	7	5	7	29	4	54	88	14	10	8	6	8	3	—	4	10	3	—	1	3	15	1	3	12	29	416		
Dover B. ...	—	—	—	—	—	18	2	1	4	—	—	—	12	17	8	54	3	40	151	22	31	25	2	2	7	1	—	12	6	—	—	1	7	7	1	6	11	24	465	
Erith B. ...	—	—	—	—	—	9	—	1	6	—	—	—	3	4	3	20	1	32	57	11	15	5	5	2	5	9	—	4	4	—	—	—	1	2	—	1	3	10	184	
Faversham B. ...	—	—	—	—	—	5	1	6	11	—	—	—	7	14	13	58	—	81	217	36	16	16	16	9	9	1	—	11	7	—	—	—	4	8	2	3	10	43	608	
Folkestone B. ...	—	—	—	—	—	18	2	8	9	—	1	—	14	22	10	86	3	79	283	34	38	33	20	7	7	2	2	2	18	15	—	1	17	11	11	7	19	45	829	
Gillingham B. ...	—	—	—	—	—	30	2	2	2	—	—	—	3	10	12	48	3	59	112	29	25	8	5	7	3	3	—	6	10	—	—	2	5	15	5	1	11	44	456	
Gravesend B. ...	—	—	—	—	—	24	4	1	2	—	1	—	4	11	5	34	2	54	125	19	10	6	5	3	3	—	—	7	7	—	—	1	1	3	1	1	5	22	340	
Herne Bay U. ...	—	—	—	—	—	3	—	1	—	—	—	—	1	4	5	14	3	22	52	1	3	3	1	2	2	—	—	2	—	—	—	1	1	1	—	—	2	9	133	
Hythe B. ...	—	—	—	—	—	—	—	—	—	—	—	—	10	20	11	60	4	100	182	26	40	18	5	1	—	—	—	—	—	—	—	—	4	8	—	11	2	32	637	
Lydd B. ...	—	—	—	—	—	29	6	1	1	—	3	—	8	19	7	68	4	83	174	19	28	20	4	5	6	3	1	—	10	10	—	—	—	8	8	2	11	26	548	
Maidstone B. ...	—	—	—	—	—	11	1	4	4	—	1	2	3	6	1	2	5	8	9	1	2	1	2	1	—	—	—	—	15	15	—	—	—	4	8	—	11	51	637	
Margate B. ...	—	—	—	—	—	2	1	—	1	—	—	—	10	20	11	60	4	100	182	26	40	18	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34	176
New Romney B. ...	—	—	—	—	—	8	1	—	1	—	—	—	3	6	1	21	2	14	51	8	16	2	2	2	1	—	—	1	1	—	—	—	4	5	2	7	15	336		
Northfleet U. ...	—	—	—	—	—	16	2	2	4	—	1	—	8	11	18	62	3	71	203	36	26	24	13	9	9	—	—	2	13	18	—	1	3	12	10	7	10	48	636	
Orpington U. ...	—	—	—	—	—	10	—	—	3	—	—	—	1	12	9	28	3	43	81	13	18	10	2	2	—	—	—	1	6	2	1	—	—	—	—	—	—	—	279	
Penge U. ...	—	—	—	—	—	1	—	—	—	—	—	—	5	1	—	1	—	2	9	—	2	1	1	2	—	—	—	—	—	—	—	—	2	6	5	12	36	471		
Queenborough B. ...	—	—	—	—	—	21	2	—	1	—	1	3	15	15	7	47	8	51	148	12	27	20	5	6	6	—	—	1	6	—	—	—	1	1	3	5	3	3	24	29
Ramsgate B. ...	—	—	—	—	—	30	4	1	3	—	—	—	11	17	9	45	4	40	166	13	19	25	9	5	5	—	—	1	5	—	—	—	2	8	4	5	6	33	477	
Rochester C. ...	—	—	—	—	—	—	—	2	—	—	—	—	5	1	3	5	1	6	11	4	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	41	41
Sandwich B. ...	—	—	—	—	—	—	—	1	—	—	—	—	1	7	1	18	—	22	60	18	4	2	4	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	172	
Sevenoaks U. ...	—	—	—	—	—	4	1	3	1	—	—	—	3	2	5	18	1	14	77	2	11	6	3	3	5	—	—	—	1	5	—	—	—	—	—	—	—	—	185	
Sheerness U. ...	—	—	—	—	—	8	—	—	3	—	—	—	3	9	2	18	3	25	101	11	8	14	6	2	5	—	—	—	4	7	—	—	—	—	—	—	—	271		
Sittingbourne and Milton U. ...	—	—	—	—	—	10	2	—	3	—	—	—	3	3	2	18	3	15	46	10	6	2	2	4	2	—	—	—	1	8	—	—	—	—	—	—	—	126		
Southborough U. ...	—	—	—	—	—	1	—	—	2	—	—	—	2	8	4	19	—	9	13	4	3	3	3	1	—	—	—	2	2	—	—	—	—	—	—	—	—	81	81	
Swanscombe U. ...	—	—	—	—	—	1	—	—	1	—	—	—	—	3	1	7	—	15	46	10	6	2	2	4	2	—	—	—	1	5	—	—	—	—	—	—	—	46	46	
Tenterden B. ...	—	—	—	—	—	4	—	—	1	—	—	—	2	2	1	19	—	5	16	3	4	1	1	2	—	—	—	—	9	—	—	—	—	—	—	—	—	242		
Tonbridge U. ...	—	—	—	—	—	8	—	—	—	—	—	—	5	6	8	26	1	39	67	18	6	16	6	1	1	—	—	—	1	6	—	—	—	—	—	—	—	646		
Tunbridge Wells B. ...	—	—	—	—	—	12	—	—	6	2	—	—	10	12	14	69	4	94	197	38	32	25	9	8	5	—	—	2	10	20	—	—	—	—	—	—	—	301		
Whitstable U. ...	—	—	—	—	—	4	1	—	2	—	—	—	6	7	5	29	2	40	118	16	10	9	6	6	4	—	—	—	7	15	—	—	—	—	—	—	—	—	—	
TOTAL—URBAN ...	1	10	—	9	1	469	52	52	119	4	15	11	195	390	264	1439	89	1642	4308	633	662	506	204	151	31	32	257	294	4	20	129	240	107	109	246	896	13591			

TABLE 8.—SHOWING CAUSES OF DEATH AT DIFFERENT AGE PERIODS IN THE COUNTY OF KENT DURING THE YEAR 1949

Age.	Sex.	All Causes.	Typhoid and Paratyphoid Fevers.	Cerebro-spinal Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tuberculosis of Respiratory System.	Other forms of Tuberculosis.	Syphilitic Diseases.	Influenza.	Measles.	Acute Poliomyelitis and Encephalitis	Acute Infectious Encephalitis	Cancer of Buccal Cavity and Oesophagus (M) & Uterus (F)	Cancer of Stomach and Duodenum.	Cancer of Breast	Cancer—all other sites	Diabetes.	Intracranial Vascular Lesions	Heart Disease.	Other Diseases of Circulatory System	Bronchitis.	Pneumonia	Other Respiratory Diseases	Ulcer of Stomach or Duodenum	Diarrhoea, under two years of age	Appendicitis.	Other Digestive Diseases.	Nephritis	Puerperal and Post-Abortive Sepsis	Other Maternal Causes	Premature Birth	Congenital Malformations, Birth Injury, Infant Disease.	Suicide.	Road Traffic Accidents	Other Violent Causes	All Other Causes				
AGGREGATE URBAN DISTRICTS																																										
	Under 1 year ...	M.	282	—	1	2	—	—	1	1	—	—	—	1	—	—	—	—	2	—	—	—	—	1	45	1	—	—	21	—	2	2	—	—	—	76	105	—	—	—	11	9
		F.	205	—	—	1	—	1	1	—	—	1	—	1	—	—	—	—	2	—	1	—	—	27	1	—	—	7	—	2	—	—	—	—	53	85	—	—	—	3	10	
	1 year and under 5 years	M.	56	—	—	—	—	2	4	—	—	2	—	—	—	—	—	—	2	—	—	—	2	10	—	—	—	3	—	2	1	—	—	—	—	8	—	4	5	6		
		F.	45	—	—	—	—	3	3	—	—	—	—	2	—	—	—	—	1	—	—	—	—	6	—	—	—	—	—	2	—	—	—	5	—	1	7	13				
	5 years and under 15 years	M.	64	—	—	3	1	—	3	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—	—	—	5	3	3	—	—	—	11	11	13				
		F.	33	—	—	—	—	—	1	5	—	1	1	3	—	—	—	—	4	—	—	—	—	1	1	—	—	—	—	4	1	—	—	4	—	—	5	—	9			
15 years and under 45 years	M.	477	—	—	—	—	123	11	4	4	—	—	3	2	2	7	—	45	2	12	47	10	13	9	12	15	—	—	4	8	13	—	—	—	8	14	31	45	33			
	F.	450	1	—	—	—	118	8	—	—	4	—	6	1	7	4	29	37	3	9	38	10	5	12	10	3	—	—	3	17	12	4	18	—	9	18	7	11	45			
45 years and under 65 years	M.	1691	—	—	—	—	123	6	15	18	—	—	—	1	18	76	1	298	6	134	431	60	106	58	45	60	—	—	5	33	41	—	—	—	4	20	14	27	91			
	F.	1217	—	—	—	—	39	8	5	12	—	—	—	2	50	42	117	197	16	138	262	35	37	37	23	8	—	—	3	38	26	—	2	—	4	18	5	10	82			
65 years and over	M.	4208	—	—	—	—	43	1	20	35	—	—	1	—	57	124	1	493	23	508	1619	230	278	135	58	48	—	—	4	58	98	—	—	—	—	1	23	19	33	298		
	F.	4863	—	—	—	—	19	1	7	41	—	—	—	1	61	137	116	356	39	839	1911	286	217	165	54	17	—	—	4	94	98	—	—	—	—	3	14	12	83	287		
All ages—Urban	M.	6778	—	4	—	1	—	292	26	40	60	3	9	4	77	207	2	842	31	655	2097	300	401	258	116	123	24	24	20	105	157	—	—	—	76	130	57	79	132	450		
	F.	6813	1	6	—	8	1	177	26	12	59	1	6	7	118	183	262	597	58	987	2211	333	261	248	88	28	7	7	12	152	137	4	20	110	50	30	114	446				
AGGREGATE RURAL DISTRICTS																																										
	Under 1 year ...	M.	89	—	1	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	11	2	—	—	12	—	—	—	—	—	—	13	40	—	—	—	4	2	
		F.	69	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	13	1	—	—	8	—	—	—	—	—	—	16	25	—	—	—	1	3	
	1 year and under 5 years	M.	14	—	—	—	—	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	3	2	—	—	—	—	—	1	—	—	—	—	—	—	1	1	1		
		F.	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	4	3	3		
	5 years and under 15 years	M.	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	4	
		F.	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2		
	15 years and under 45 years	M.	144	—	—	—	—	25	8	—	—	—	—	6	—	4	1	5	11	—	4	14	2	3	7	1	2	—	—	1	5	4	—	—	—	5	12	15	10	10		
		F.	119	—	—	—	—	32	5	—	—	—	—	2	—	4	1	5	63	4	27	94	15	24	18	6	6	—	—	1	2	3	3	2	—	2	2	1	2	3	17	
	45 years and under 65 years	M.	378	—	—	—	—	26	2	2	1	—	—	1	1	6	15	—	23	4	27	94	15	24	18	6	6	—	—	1	10	5	—	—	—	—	7	9	9	24		
	F.	325	—	—	—	—	7	1	3	2	—	—	1	1	18	11	23	52	6	43	72	9	8	7	8	1	—	—	1	6	7	—	—	—	6	2	4	26				
65 years and over	M.	1210	—	—	—	—	13	2	4	4	—	—	—	—	15	29	—	116	10	162	508	57	63	39	14	11	—	—	3	19	40	—	—	—	—	6	4	9	82			
	F.	1270	—	—	—	—	8	1	—	12	—	—	—	1	14	24	31	93	14	209	524	52	58	53	15	7	—	—	—	15	27	—	—	—	3	4	12	93				
All ages—Rural	M.	1850	—	1	—	2	—	64	15	6	8	1	8	1	21	46	—	187	14	193	616	74	91	79	25	19	12	12	5	35	49	—	—	—	13	48	25	33	36	123		
	F.	1808	—	—	—	—	—	47	10	3	15	1	5	2	36	36	59	157	20	256	605	61	68	78	30	11	8	8	2	23	37	3	2	16	27	10	11	25	144			